

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE
DEPARTMENT OF Health BUREAU OF Vital
Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION
NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR
ON JUNE 4, 1954.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No.

345

Department:

Health

Bureau:

Vital Statistics

Record Identification

1. TITLE:

Certificate of Death

2. Form No. if available

3. Type—(cards, paper, etc.)

Bound Book

4. Dates

5. Volume accumulated yearly

6. Size of Record

Misc.

7. Number of copies made

One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. Establish retention period for
records which are accumu-
lating daily.

B. Dispose of present accumu-
lation, no additional accumu-
lation anticipated.

C. Microfilm and destroy orig-
inals.

D. Microfilm and retain origi-
nals for length of time in-
dicated below.

9. Recommended Retention Period

a. In Dept.

12 yrs.

b. In Storage Center

Micro. Perm.

c. Total

12 yrs.

and
Micro. Perm.10. Equipment and space
freed.11. In your opinion does this record have any his-
torical significance?YES ☐NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes. Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval

Robert E. Farber, M.D.
Title: Commissioner of Health

3/28/63
Date

Recommendation of Records Management Officer

13. Recommended Retention Period

a. In Dept.

12 yrs.

b. In Storage Center

Microfilm
Permanent

c. Total

12 yrs.
and
Microfilm
Permanent

A To be
sold as
scrap or
waste paper

14. Disposal Method

B. To be
burned or
shredded

C. Historical, (to be transferred
to Dept. of Legislative
Reference.)

REMARKS:

2 negative Rolls

C. P. Force
Records Management Officer

3/29/63
Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Board of Health, City of Baltimore.

Permit No. 16161

The Physician who attended any person in a last illness, or the Undertaker or other person superintending the burial, is responsible for the presentation of this Certificate, and is held out, to the public, under penalty of law, if not presented within twenty-four hours after the death.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 9th 1877

Female

Deceased.

{ Write legibly and correctly. If not named, give name of parents. }

Ann Fowler

Sex

Male or Female,

{ Cross out the word not required in this line. }

Age,

83

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Wales

Duration of Residence in the City of Baltimore,

50 years

Place of Death,

{ Give street and number. }

176 N. Caroline Street

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Catarrhus Senilis

Duration of Last Sickness,

35 days

All the above information should be furnished by the Physician

Place of Burial,

Greenmount Cemetery

Date of Burial,

Feb-10, 1877

Undertaker,

John J. Rodenwys

Address

Charles H. Thomas M. D. Medical Assistant

Place of Business,

Cor Greenmount and Monument St

55 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF V

No. 16.

at illness is responsible for the presentation of the body at the burial, within *twenty-four hours* after death.

NO PERM

OBTAINED

ER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write leg^{ly}
correctly. ^A
not named, ^B
of parents. ^C

Sex, Male or Female, { Cross out the word ~~required~~
required in this line.

Age, 68 Yrs,

Color,

Married, Single, Widow or Widower, { Cross- words not
requi line.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and
number. }

Cause of Death, { First (Primary),
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

(Undertaker,

(*Place of Business,*

N. W. Co.

Address *Havron & Barr*

R. C. Lee M. D.

~~_____~~
Caton 32.

*Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16163

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a ... is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Parago

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 6 Months, Days.

Color, Colored Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Charlottesville Albemarle Co Va

Duration of Residence in the City of Baltimore, 3 Weeks

Place of Death, { Give street and number. } 78 Oxford St

Cause of Death, { First (Primary,) Whooping Cough
Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Charlottesville Va

Date of Burial, Mar 9th 1877

Signature, Ellen Parago

Place of Business, Charlottesville Va Address 20 N Greene St

Medical Attendant, J. A. Gillis M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 712)

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 8th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Louise Sachs*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, _____ Days.

Color, *white*

~~Married, Single, Widowed, or~~ { Cross out the words not required in this line. }

Occupation, *Wife*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. C. Y.*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *No 294 Alsea Avenue*

Cause of Death, { First (Primary.) Second (Immediate.) } *Jaundice*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Ctry*

Date of Burial, *March 9th*

Undertaker, *H. Froelich*

Place of Business, *246 Eastman Ave*

C. J. Klumber M. D.
Medical Attendant.

Address *222 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

16165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

9th March, 1877

Full Name of Deceased,

Christ Peterus

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

6 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

6 years

Place of Death,

{ Give street and number. }

59 Duncan's Alley

Cause of Death,

{ First (Primary), Second (Immediate), }

Rubeola
Typhoid Fever

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial,

St. Carmel Church

Date of Burial,

March 10th 77

Wm L. Rummel

M. D.

Medical Attendant.

{ Undertaker,

W. Eckhard

Address

Broadway

{ Place of Business,

269 Canton ave.

Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 8 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Wright Small

Sex, Male or Female, { Cross out the word not required in this line. }

Days.

Age, Seven 1/2 - five Years,

Months,

Dark

Color, Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

House-Maid

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

No. 8 Street St.

Cause of Death, { First (Primary), Second (Immediate), }

Pulmonary Consumption

Duration of Last Sickness,

Short - two months

All the above information should be furnished by the Physician

Place of Burial, Sharp St. Cemetery

W. E. Price

M. D.

Medical Attendant.

Date of Burial, March 9th 1877

Undertaker, John C. Gordon

Address

87 Mulberry St.

Place of Business, 13 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Glenroy Fairall
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, two Years, Three Months, twenty eight Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, None
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 24 N Poppleton St
Cause of Death, { First (Primary.) Scarlet fever fol. by Diphtheria
Second (Immediate,) Dysentery
Duration of Last Sickness, Three weeks
All the above information should be furnished by the Physician
Place of Burial, Linden Park cemetery
Date of Burial, March 10th 1877
{ Undertaker, J B Cook
Place of Business, 107 N Baltimore street }
Address 262 Madison St
Elias C Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 7th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Jessie Smith*

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, *4* Years, Months, *14* Days.

Color, *Black*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore city*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *48 Josephine street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Enteritis*

Duration of Last Sickness, *6 days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *March 10th 1877*

H. Darling M. D.
Medical Attendant.

{ Undertaker, *Wm. J. Gray* Address *143 Mulberry street* }

{ Place of Business, *63 Mulberry st* }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16169

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 9th
Philip Cole

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age,

54 Years,

Months,

Days.

Color,

white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Ship Joiner

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

50 yrs.

Place of Death, { Give street and number. }

131 S. Bond

Cause of Death, { First (Primary,) Second (Immediate,) }

Gastritis Chronic
Jaundice

Duration of Last Sickness,

6 mos.

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel Church

Date of Burial,

March 11th, 1877

{ Undertaker,

Hughes & Co

{ Place of Business,

65 S. Broadway

Address

117 S. Broadway

R. W. Mansfield

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 9th. 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Geo. Gutmuth

Sex, ~~Male or Female~~, Cross out the word not required in this line. Male

Age, _____ Years, 7 Months, _____ Days.

Color, White Sex, male

Married, Single, Widow or Widower, Cross out the words not required in this line. _____

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, Give street and number. 70 O'Donnell St.

Cause of Death, First (Primary), Hydrocephalus Acute, Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 10th 1877

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton St.

J. J. Sullivan M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

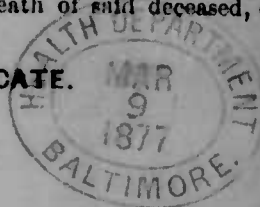
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Mar 8th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Louise Loose*

Sex, Male or Female, { Cross out the word not required in this line. } *female*

Age, *54* Years, *7* Months, Days.

Color, *White* Sex, *female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *married*

Occupation, *House Keeping*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *seventeen years*

Place of Death, { Give street and number. } *No 11 Spring Street*

Cause of Death, { First (Primary),
Second (Immediate), } *Consumption
Exhaustion*

Duration of Last Sickness, *seven years*

All the above information should be furnished by the Physician.

Place of Burial, *St. Mathias' Church*

Date of Burial, *March 10. 1877.*

A. Friedemann M. D.
Medical Attendant

{ Undertaker, *H. Hoffmann*

{ Place of Business, *13 N. E. St.* Address *88 N. E. St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16172

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 9th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Maggie Anniger*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, *Two* Months, _____ Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *161 North Central Avenue*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *161 North Central Avenue*

Cause of Death, { First (Primary), Second (Immediate). } *Catarrh*
Congestion of the lungs

Duration of Last Sickness, *About three weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *10 March*

Undertaker, *Adam Fink*

Place of Business, *461 N. Gay St.*

Medical Attendant. *W. H. Taylor. M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, _____

March 9, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Nora Schatz

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 23 Years,

Months,

Days,

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

36 N. Baltimore St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Bright's disease
4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

11 March 1877

{ Undertaker,

W. H. H. H. H. H.

{ Place of Business,

35 N. Baltimore St.

Address

J. A. H. H. H. M. D.
35 N. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 16174

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 8

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

May L. Glue

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

1

Years,

4

Months,

12

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

380 Harrow St

Cause of Death,

{ First (Primary),
Second (Immediate.) }

measles
Capillary Bronchitis

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

March 10th 1877

Sheldon Cook

M. D.

Medical Attendant.

{ Undertaker,

Charles F. Brown

{ Place of Business,

161 Harrow St

Address

116 Harrow

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 10th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Robert Wright*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *63* Years, _____ Months, _____ Days.

Color, *white*

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, *Shoemaker*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Mayland*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *55 N. Caroline St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Paralysis*

Duration of Last Sickness, *3 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 12th 1877*

Undertaker, *John W. Weaver*

Place of Business, *#22 W. Fayette St*

Address *137 Orleans St*

J. J. Gross M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16176

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 77.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John A Braden

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 Years, 11 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Fisherman

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 253 Croft St.

Cause of Death, { First (Primary,) Congestion of the lungs
Second (Immediate,) Congestion of the lungs

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 13th 1877

{ Undertaker, Julius Koehler

{ Place of Business, Geo Sharpe Croft St

Address 95 S. Sharp St

H. Allen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16177

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or earlier, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 10th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sam. E. Syeth

Sex, Male or Female,

(Cross out the word not required in this line.)

Age,

2 3

Years,

Months,

Days.

Color,

White

Married, Single, Widowed, or Widower,

(Cross out the words not required in this line.)

Occupation,

Wine & Spirit Merchant

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto -

Duration of Residence in the City of Baltimore,

2 1/2 years

Place of Death,

Give street and number.

N. W. corner Hollis & Mount Sts.

Cause of Death,

First (Primary).

Second (Immediate).

Typhoid Fever & Pneumonia

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Mt. Olivet

Date of Burial,

March 12/77

J. G. Furthum M. D.
Medical Attendant.

Undertaker,

J. B. Clark

Place of Business,

707 Balto. St.

Address 7584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16178

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 10th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Louisa Crean.*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, *4* Months, *5* Days.

Color, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *45 N. Howard St. Balt. Md.*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *45 N. Howard St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Convulsion.*

Duration of Last Sickness, *about 1 hour -*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *March 11th 1877*

Undertaker, *J. N. Trill*

Place of Business, *70 S. Howard St.*

R. J. N. Tall M. D.
Medical Attendant.

Address *15-8 S. Sharp St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16179

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 9th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Edward Dorsey*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *Three* Years, *Two* Months, *Fifteen* Days.

Color, *Colored*

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *All his life*

Place of Death, { Give street and number. } *44 Biddle Alley*

Cause of Death, { First (Primary.) Second (Immediate.) } *Scrupula*
Convulsions

Duration of Last Sickness, *Two months*

All the above information should be furnished by the Physician.

Place of Burial, *Harford Co.*

Date of Burial, *March 12th 1877*

~~Undertaker,~~ *Louisa Griffin*

Place of Business, *44 Biddle Alley*

I have not seen him since last summer, had no physician in his last illness.

Chas C Price M. D.
Medical Attendant.

Address *262 Madison St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16180
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 9

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ella Schepe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

66 Park Ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Tubercular Meningitis

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, Mar 11

{ Undertaker, B. Kunkel
Place of Business, 60 Park Ave }

Geo L. Rice M. D.
Medical Attendant.

Address 37 South Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 10th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Emma Baker*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *One* Years, *Five* Months, Days.

Color, *White* Sex,

~~Married, Single, Widowed, or Widower,~~ { Cross out the words not required in this line. }

Occupation, *Baltimore*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *1 1/2 Months*

Place of Death, { Give street and number. } *76 Fredk St.*

Cause of Death, { First (Primary,) *Pertussis*
Second (Immediate,)

Duration of Last Sickness, *About 4 Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 12.*

{ Undertaker, *John P. Paulus.* Address *Carroll P. O.*
Place of Business, *66 Frederick Ave.* *Balt. Co. Md.*

Geo H. Keyday M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

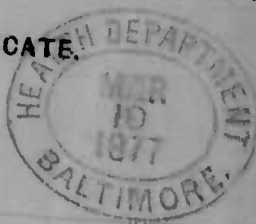
No. 16182

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 10th 1877*
 Full Name of Deceased, *John Merrick*
 Sex, Male ~~Female~~, *Male*
 Age, *82* Years, Months, Days.
 Color, *White*
 Sex, *male*

~~Married, Single, Widower~~ *Widower*
 Occupation, *was a Shoemaker*
 Birthplace, *Baltimore*
 Duration of Residence in the City of Baltimore, *during life*
 Place of Death, *339 John St.*

Cause of Death, *Bronchitis*
 Duration of Last Sickness, *about two weeks*

Place of Burial, *Baltimore Cemetery*
 Date of Burial, *March 17th*
 Undertaker, *Wendell Duffell*
 Place of Business, *Bond St. 157* Address *175 St Paul St*

Wm E. Baltzell M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16183

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 8th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Eliza Savage*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *1* Years, *—* Months, *—* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Balto Co Md*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto Co Md*

Duration of Residence in the City of Baltimore, *3 months*

Place of Death, { Give street and number. } *12 Biddle Alley*

Cause of Death, { First (Primary,) Second (Immediate,) } *Spasms*

Duration of Last Sickness, *more or less all its life*

All the above information should be furnished by the Physician

Place of Burial, *Sound Cemetery*

Date of Burial, *March 10th 1877* *James H. Stearns* M. D.

{ Undertaker, *Geo Safford* Address *Commissioners of Health*

{ Place of Business, *Penn^a ave* *Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Nancy Savage Mather [OVER.]

Board of Health, City of Baltimore,

No. 16181

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1917

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew Anderson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 21 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Mariner

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Norway

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } Wash. Univ. Hospital

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis

Duration of Last Sickness, Eight weeks.

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, Mar 11 1917

Undertaker, L. F. Byrne Chas B. Gutzler M. D. Medical Attendant.

Place of Business, Liberty St Address Wash. U. Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 16188

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 9-1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Margaret Ellen Butler*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *27* Years, *—* Months, *—* Days.

Color, *Blk.* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Cook*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Fredrick Co. Md.*

Duration of Residence in the City of Baltimore, *5 months*

Place of Death, { Give street and number. } *16 Milner Alley*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *1 month*

All the above information should be furnished by the Physician.

Place of Burial, *St. Mary's Church*

Date of Burial, *March 9/1877*

{ Undertaker, *W. E. Mowley* M. D. Medical Attendant.

{ Place of Business, *167 N. Biddle St.* Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 714)

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16186

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 9. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Appollonia Barbara Albrecht

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 0 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } #321 Dallas St.

Cause of Death, { First (Primary) Second (Immediate) } Scarlatina Maligna
Congestion of Brain

Duration of Last Sickness, 3 1/2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 11 1877 A. Hartman Sur. M. D.
Medical Attendant

Undertaker, Henry Hecker Address #305 N. Caroline

Place of Business, 309 Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 16187

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Allice Freeman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Two Years, Seven Months, Nine Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 118 Poppleston St

Cause of Death, { First (Primary,) Second (Immediate,) } Hydrocephalus
Convulsions

Duration of Last Sickness, 19 Months

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, March 11th

Undertaker, P. Himmert

Place of Business, 311 Mulberry St.

Address 367 W. Lombard St.

M. D. A. W. Collins
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

9th March 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Anissa Tate

Sex,

~~Male~~ Female,

Cross out the word not required in this line.

Female

Age,

1

Years,

12

Months,

Days.

Color,

Black

Sex,

Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Balt. city.

Duration of Residence in the City of Baltimore,

Life time

Place of Death, Give street and number.

57 Dorr St.

Cause of Death,

First (Primary),

Second (Immediate),

Pneumonia

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Catharine's Cemetery

H. V. Oving

M. D.

Date of Burial,

Mar 10th 1877

Medical Attendant.

Undertaker,

J. Davis

Address

166 W Fayette St

Place of Business,

166 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

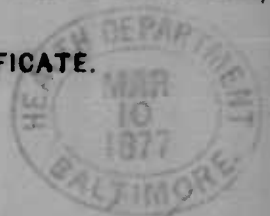
OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16189

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 81 Years, Months, Days.

Color, 77 Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address #1

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16190

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 9th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Jefferies

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

80

Years,

Months,

Days.

Color,

White.

Married, ~~Single~~, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Laurens Co - Penna

Duration of Residence in the City of Baltimore,

65 years.

Place of Death,

{ Give street and number. }

120 So - Charles St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Old age & general debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Beth. Cemetery

Date of Burial,

11 March 1877

Undertaker,

Wm Jenkins & Co

Place of Business,

16 Light St

S. A. Bell

M. D.

Medical Attendant.

Address

161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Mar 8 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo R Henderson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 23 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Machinist

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt Md

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number } 44 Poppleton St Baltimore

Cause of Death, { First (Primary,) _____ Second (Immediate,) Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, March 11th 1877

Undertaker, J B Cook

Place of Business, 1040 N Baltimore street Address 23 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

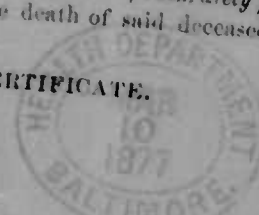
No. 16192

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 8th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

A. S. Blackhead.

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

4 Months,

7 Days.

Color,

White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

104 N Howard St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Marasmus

Duration of Last Sickness,

3 Months

All the above information should be furnished by the Physician.

Place of Burial, Ellicott's Mills

Date of Burial, March 10th 1877

Underlaker, J B Cook

Place of Business, No 707 W Baltimore street

John D Pennington M. D.
Medical Attendant.

Address 98 N Greenest,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 713

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16193

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 9th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary E Turner*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *Three* Years, Months, Days.
Color, *Light Copper*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*
Occupation, *None*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*
Duration of Residence in the City of Baltimore, *Three years*
Place of Death, { Give street and number. } *No 18 Brown St*
Cause of Death, { First (Primary.)
Second (Immediate.) } *unknown
Dysentery*
Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*
Date of Burial, *March 11th 1877*
Undertaker, *Wm Sims Gay*
Place of Business, *65 Mulberry St*
Address, *Cor Dolphin & Pop*
M. D. *B F Boher*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health of Baltimore
No. 16194
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 14 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John B. Foster*
Sex, Male ~~Female~~, { Cross out the word not required in this line. }
Age, Years, *2* Months, Days.
Color, *col d*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,
Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Capt D. Lefson N. P. Station

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16195

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 8th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Henrietta Yucc*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *27th* Years, Months, Days.

Color, *W* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Housewife*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Talbot Co Maryland*

Duration of Residence in the City of Baltimore, *8 years*

Place of Death, { Give street and number. } *812 N. E. St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Parasitic disease of the stomach.*
General Debility.

Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *Truist Cemetery*

Date of Burial, *March 10 1877*

Undertaker, *Wm. A. Dingle*

Place of Business, *104 east st*

Address *812 N. E. St.*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18796

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or other, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 9th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Martha Saylor*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *Twelve* Years, *5* Months, Days.

Color, *Light brown*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore County*

Duration of Residence in the City of Baltimore, *Two years*

Place of Death, { Give street and number. } *238 Pleaton st*

Cause of Death, { First (Primary), Second (Immediate), } *Unknown*
Arachnitis

Duration of Last Sickness, *Four weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *March 11 1877*

Undertaker, *Wm C Dungle*

Place of Business, *104 east st*

Address *Cor Dolphin & Rgs*

C. F. Bohrer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 Years,

Color, white

Months,

Days.

Married, Single, Widowed, or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemt

Date of Burial, March 11th 1877

Undertaker, Joseph F Byrne

Place of Business, 59th Liberty St Address

Labors

England

25th No

183rd Street St

Apoplexy

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16198

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Lydia William, died on the 8th of

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

March 1877

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days,

Color, Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Ind

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

16 S. Delaware

Cause of Death,

First (Primary),

Second (Immediate),

Phthisis Pulmonum

Duration of Last Sickness,

4 months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

March 10th 1877

Undertaker,

John W. Locks

Place of Business,

58 S. Wolf St

Address

J. H. M. M.D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16199.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Baruch Williams Altvater,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years,

6

Months,

15

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Granite Cutter,

Misouri,

17 Years

7 Melldrum St.

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Consumption

3 m^{os}

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, March 11th 1877

Undertaker, John W. Weaver

Place of Business, # 22 W. Fayette St.

J. W. Honck

M. D.

Medical Attendant.

75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore

Office of Registrar of Vital Statistics.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

1st March 1877
Jas. G. Elliott

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years,

Color, White Months, Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

78 Hamburg
Scarlet Fever

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, March 11th 1877

Undertaker, Jacob Weaver

J. G. Webster M.D.
Medical Attendant.

Place of Business, 1647 6 David Hill St. Address 57. Baver

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16201

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 5th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Kenney

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age, *Seventy four*

Years,

Color,

White

Months,

Days.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Somerset County

Duration of Residence in the City of Baltimore,

Forty years

Place of Death, { Give street and number. }

118 North Broadway

Cause of Death,

{ First (Primary),
Second (Immediate), }

*Pneumonia
Exhaustion*

Duration of Last Sickness,

About ten days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

March 10th 1877

Undertaker,

W. A. Dargatz

Place of Business,

14 E. 1st

Address

William H. Taylor M. D.

Medical Attendant.

Broadway No. 10

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16202

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Thos. Fulham

Sex, Male or Female,

Cross out the word not required in this line.

Age,

80 Years,

Color,

white

Months,

Days.

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Porter

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Dublin Ireland

Duration of Residence in the City of Baltimore,

10 yrs.

Place of Death, Give street and number.

397 E. Pratt St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Gangrene

Duration of Last Sickness,

2 weeks

Place of Burial, Holy Cross Cemetery

Date of Burial,

March 9, 1877

Undertaker,

M. A. Dwyer

Place of Business,

74 S. Broadway

R. W. Mansfield

M. D.

Medical Attendant.

Address

117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 9th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Charles H. McPherson*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *32* Years, *6* Months, *—* Days.

Color, *White*

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Clerk*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *entire life time.*

Place of Death, { Give street and number. } *145 E. Euter St.*

Cause of Death, { First (Primary.)
Second (Immediate.) } *Acute Rheumatic Rheumatism
Rapid Diphtheria*

Duration of Last Sickness, *about twelve days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter*

Date of Burial, *March 10th 1877* *W. McPherson* M. D.
Medical Attendant.

{ Undertaker, *Wm H. Hickman*
Place of Business, *234 N. Gay St.* } Address *145 Euter St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

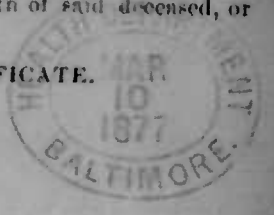
OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 9th 1877-*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Robert James Murry*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *2 1* Years, *10* Months, Days.
Color, *African Race*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*
Occupation, *Carriage Driver*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto. City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *31 Oxford St-*
Cause of Death, { First (Primary.) Second (Immediate.) } *Dropsy from cardiac disease*
Duration of Last Sickness, *Six months*
All the above information should be furnished by the Physician.
Place of Burial, *Laurel Cemetery*
Date of Burial, *March 12th 1877*
{ Undertaker, *W. H. Lehn*
Place of Business, *18th Maryland St*
Louis W. Knight M. D. Medical Attendant.
Address *112 N. Greene*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 16205

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 10 - 10 A.M. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Federick Feder*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *1* Years, *1* Months, *1* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long to the United States, if of foreign birth.) } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *6 Lancaster St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Measles Catarrhal Liver*

Duration of Last Sickness, *Called in on Wednesday Mar. 7 - 1877*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *11 March 1877*

James E. Venable M. D.
Medical Attendant.

John C. Finch
Undertaker.

1601 E. Pratt St.
Place of Business.

297 E. Baltimore St.
Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

at No. 16206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 10.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Henry Schaefer*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *25* Years, *0* Months, *0* Days.

Color, *white* Sex, *male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Farmer.*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *One week*

Place of Death, { Give street and number. } *Maryland Hotel Pen Av.*

Cause of Death, { First (Primary), Second (Immediate,) } *Operation for tumor in bladder*
Uremia

Duration of Last Sickness, *One week.*

All the above information should be furnished by the Physician.

Place of Burial, *Finksburg Md*

Date of Burial, *March 11 1877*

Undertaker, *Chas. L. Scriven*

Place of Business, *N. Eutaw St* Address *77 N. Eutaw St.*

John P. Fitzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special

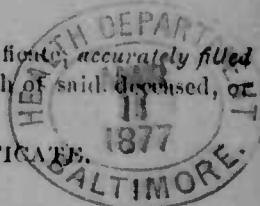
Board of Health, City of Baltimore,

No. **16207**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, **March 11, 1877.**
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Annie Yates**
Sex, Male or Female, { Cross out the word not required in this line. } **Female**
Age, **27** Years, _____ Months, _____ Days.
Color, **Colored.**
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, **Servant**
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } **Baltimore, Co.**
Duration of Residence in the City of Baltimore, **5 years**
Place of Death, { Give street and number. } **360. N. Strickw.**
Cause of Death, { First (Primary), Second (Immediate), } **Consumption**
Duration of Last Sickness, **About 3 Months.**

All the above information should be furnished by the Physician.

Place of Burial, **Balt Co. Md.**
Date of Burial, **March 13th 1877**
Undertaker, **John P. Gray**
Place of Business, **65 Mulberry St.**
Address **Cor. Strickw & Postman**
M. D. **C. H. Norris**
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

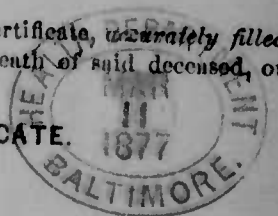
Board of Health, City of Baltimore,

No. 16208

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 14th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ellen Dorries*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *1* Years, *5* Months, Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Washington D.C.*

Duration of Residence in the City of Baltimore, *10 Year. 3 months 2 days*

Place of Death, { Give street and number. } *Buren & Constitution Sts.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Rubeolal Capillary Pneumonia*
Conjestion of the Brain

Duration of Last Sickness, *6 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Today* *14th* *Edward P. M.D.* M. D.
Medical Attendant.

{ Undertaker, *Jacob Heller*

{ Place of Business, *1021 Harrison St.* Address *137 N. E. Tr. Rd.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

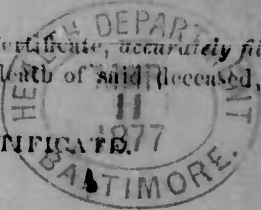
Board of Health, City of Baltimore,

No. 16209

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 10th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elsie Moore,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 12 Months, 10 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 21 N. 1st St.

Cause of Death, { First (Primary,) Measles malignant, Second (Immediate,) Meningitis }

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Mar. 13th, 1877

Undertaker, J. M. Gray

Place of Business, 54 N. Broadway

C. Glanville, Rush M. D. Medical Attendant.

Address Balt. Wash L. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

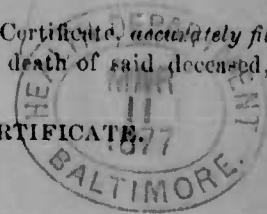
Board of Health, City of Baltimore,

No. 16910

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *March 10 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Cavline Greenstein*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *75* Years, *—* Months, *—* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *married*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *35 years*

Place of Death, { Give street and number. } *84 S. Ann St.*

Cause of Death, { First (Primary.) *Heart-disease*
Second (Immediate,) *Dropsy* }

Duration of Last Sickness, *14 days*

All the above information should be furnished by the Physician.

Place of Burial, *Green St Cemetery*

Date of Burial, *March 12th 1877*

{ Undertaker, *Wm. E. L. Co.*
Place of Business, *101 Gough St.* }

Abraham B. Arnold M. D.
Medical Attendant.

Address *—*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

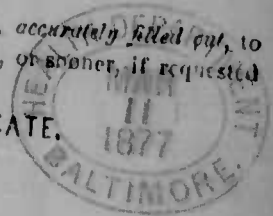
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 10th 1871

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Samuel Schenck

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

36

Years,

White

Months,

Days.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Single

Occupation,

Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore.

Life time

Place of Death, { Give street and number }

No 3 Jackson Square

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption of lungs
Hemorrhage from the lungs
over 18 months

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, *Loyd St Cemetery*

Date of Burial,

March 12

Undertaker,

Wm Eilan

Place of Business,

101 Gough St

Address

1 S. Broadway

C. Edward Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

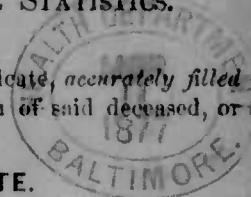
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16212*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 9th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Henry Gradz*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *1* Years, *9* Months, *29* Days.

Color, *White* Sex, *Male*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *No. 3 Arch St.*

Cause of Death, { First (Primary), Second (Immediate,) *Pneumonia*

Duration of Last Sickness, *four days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 12-1877*

{ Undertaker, *J. B. Blackistonson* Address *No 360 Lexington St.*

{ Place of Business, *606 Pratt St*

J. C. Harris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

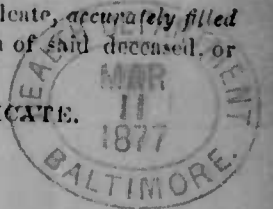
Board of Health, City of Baltimore,

No. *16213*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 10th*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Bearman*
Sex, Male or Female, { Cross out the word not required in this line. } *male*
Age, *8* Years, *6* Months, Days.
Color, *White*
Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
Duration of Residence in the City of Baltimore, *Since birth*
Place of Death, { Give street and number. } *No 70 Grady St.*
Cause of Death, { First (Primary,) Second (Immediate,) } *Mechanical Obstruction of the bowels*
Duration of Last Sickness, *8 days*
All the above information should be furnished by the Physician.
Place of Burial, *Baltimore Cemetery*
Date of Burial, *March 12*
{ Undertaker, *H. & Beine* Place of Business, *252 Aliceanna St.* }
Address *J. P. Aris W.* M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 10th March.
Full Name of Deceased, Bertha Harbort
Sex, Male or Female, Female
Age, 4 Years, 6 Months, 4 Days.
Color, white

Married, Single, Widow or Widower, Single
Occupation,

Birthplace, Baltimore
Duration of Residence in the City of Baltimore,

Place of Death, 57 High St.

Cause of Death, Meningitis
Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician

Place of Burial, St. Peter's Cemetery
Date of Burial, March 12th

Undertaker, H. Stein
Place of Business, 252 Allee Avenue St. Address 57 High St.

C. Hoffman, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 10th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Emma Saunders.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

22 Years,

10 Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City -

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

304 Light - St.

Cause of Death, { First (Primary), Second (Immediate), }

Phthisis Pulmonalis;

Duration of Last Sickness,

About 5 months;

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 12th 1877

{ Undertaker, Adam Weidemeyer

{ Place of Business, 518 1/2 W. Baltimore Str.

R. J. N. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 10th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Ignatius Jones*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *5* Years, *10* Months, *10* Days.

Color, *Colored* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt. Md*

Duration of Residence in the City of Baltimore, *Always*

Place of Death, { Give street and number. } *78 S. Dallas st*

Cause of Death, { First (Primary,) Second (Immediate,) } *Transition Scrofula*

Duration of Last Sickness, *From Birth*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *March 12*

Undertaker, *William of Longene*

Place of Business, *104 East St*

Medical Attendant, *John A. Harner M. D.*

Address, *286 E. Balt. St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 10th 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Stein, infant.
Sex, Male or Female, { Cross out the word not required in this line. }
Age, Years, Months, 17 Days.
Color, White, Sex, male.
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City
Duration of Residence in the City of Baltimore, Since birth
Place of Death, { Give street and number. } N. W. Corner of Baltimore & Ave. Street
Cause of Death, { First (Primary,) Imperfect action of the heart
{ Second (Immediate.)
Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.
Date of Burial, March 12th 1877
Undertaker, W. F. Fane
Place of Business, 2280 Canton Ave.
J. J. Cockrell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16218

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 11th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ellen Stodges*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, _____ Years, *Sixteen* Months, _____ Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *117 Chestnut Alley*

Cause of Death, { First (Primary),
Second (Immediate), } *Scarlet Fever*

Duration of Last Sickness, *Three months*

All the above information should be furnished by the Physician.

Place of Burial, *Larch Cemetery*

Date of Burial, *March 11th 1877*

{ Undertaker, *P. Kimmer*

{ Place of Business, *111 Mulberry St.* Address *Green & Mulberry St.*

J. J. Jeff M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

No. 16219

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 10th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Bell Cole

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

About 28

Years,

Months,

Days.

Color,

Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Vermont

Duration of Residence in the City of Baltimore,

About 6 months

Place of Death,

Give street and number.

3 Josephine street

Cause of Death,

First (Primary.)

Second (Immediate.)

Phlegmonous Erysipelas

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician

Place of Burial,

Sharp St Cemetery

Date of Burial,

March 12th 1877

A. Darling

M. D.

Medical Attendant.

Undertaker,

R. Himmert

Place of Business,

11 Mulberry St

Address

143 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 11th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William E Smith*

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, *30* - Years, *3* Months, *0* Days.

Color, *white*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Rail Road,*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *lifetime*

Place of Death, { Give street and number. } *Oregon St No 30*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pulmonary Consumption*

Duration of Last Sickness, *One Year*

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's cemetery*

Date of Burial, *March 12th 1877*

{ Undertaker, *J B Cook*

{ Place of Business, *No 707 N Baltimore street*

Address

Chas Q Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *1622*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 8th 1877.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Virgil Darby.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

14 Years,

4 Months,

Days.

Color,

Black.

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Calvert County, Md.

Duration of Residence in the City of Baltimore,

about 11 months.

Place of Death,

{ Give street and number. }

48 Williamson Alley.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Cropulous Tuberculosis.

Duration of Last Sickness,

About 8 Months.

All the above information should be furnished by the Physician.

Place of Burial,

M. Pub Cemetery

Date of Burial,

Mar 12 1877

{ Undertaker,

M. H. C. Perry

{ Place of Business,

Pratt St

Address

Southern Dispensary.

J. B. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 11, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 40 Years, 11 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } 1022 E. Jones St.

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 12th 1877

{ Undertaker, Joseph F. Byrnes
Place of Business, 69th Lexington

Address 1022 E. Jones St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **16223**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, **11th of March 1877**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Elizabeth Walbran**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **52** Years, _____ Months, _____ Days.

Color, **White**

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } **Germany**

Duration of Residence in the City of Baltimore, **38** years

Place of Death, { Give street and number. } **46 Bank St.**

Cause of Death, { First (Primary.) Second (Immediate.) } **Heart - Disease**
edema pulmonum

Duration of Last Sickness, **two weeks**

All the above information should be furnished by the Physician.

Place of Burial, **Trinity Cemetery**

Date of Burial, **March 13th**

Undertaker, **Peter Frey**

Place of Business, **91 E. St. Ave**

Flathaus M. D.
Medical Attendant.
Address **245 S. Mt. Vernon St.**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 12 March

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julius Pelioth

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 53 Years,

Color, white 8 Months,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married 11 Days.

Occupation, merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Nuremberg, Bavaria

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number. } President Street 59

Cause of Death, { First (Primary,) Inflammation of the hand
Second (Immediate,) Pyaemia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 14 March

Undertaker, Peter Fier

Place of Business, 91 E. Howard

A. F. Reinhard M. D.
Medical Attendant.

Address 224 W. Ball Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

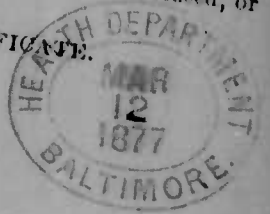
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 10th 1877*
Full Name of Deceased, *Emmie Morrison*
Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, ~~Male~~ Female, Cross out the word not required in this line.
Age, *4* Years, *4* Months, *—* Days.
Color, *white*
Married, Single, Widow or Widower, Cross out the words not required in this line.
Occupation, *—*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, Give street and number. *56 Caroline St*
Cause of Death, First (Primary.) *Spasms*
Second (Immediate.) *2 weeks*
Duration of Last Sickness, *2 weeks*
All the above information should be furnished by the Physician.

Place of Burial, *Laural Cemetery*
Date of Burial, *March 12th 1877*
Undertaker, *J. N. Locks*
Place of Business, *Half St*
Address, *Commissioner of Health & Registrar* M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 11th 1877*
 Full Name of Deceased, *John George Turner*
 Sex, Male or Female, *Male*
 Age, *60* Years, Months, Days.
 Color, *white*
 Married, Single, Widow or Widower, *Married*

Occupation, *Lumber Merchant*
 Birthplace, *Kent County Md.*
 Duration of Residence in the City of Baltimore, *About 40 years*
 Place of Death, *637 West Fayette St*
 Cause of Death, *Effusion in the Brain*
 Duration of Last Sickness, *Paralysis*
Two weeks

Place of Burial, *French Burying Ground*
 Date of Burial, *March 13th 1877*
 Undertaker, *Wm. H. Brown*
 Place of Business, *530 Fayette St*
 Address, *38 Mount Vernon Place*
 J. Lloyd Martin M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

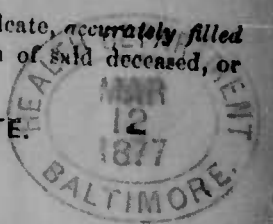
Board of Health, City of Baltimore,

Permit No. 16227

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 11 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles J. Gold*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *Forty two* Years, _____ Months, _____ Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Doctor*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Twenty years*

Place of Death, { Give street and number. } *Calhoun Court*

Cause of Death, { First (Primary,) Second (Immediate,) } *Scrophulous*

Duration of Last Sickness, *Two months*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *March 13 1877*

Undertaker, *Wm. A. Dwyer* Address *114 1/2 Carey Street*

Place of Business, *No 104 East St*

Medical Attendant, _____ M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

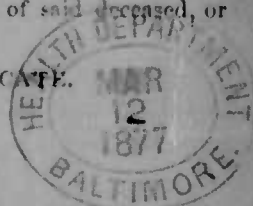
Board of Health, City of Baltimore,

Permit No. 16228

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 11. 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Virginia M. C. Graw*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *Twenty three* Years, _____ Months, _____ Days.

Color, *White.*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Housewife*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *City.*

Duration of Residence in the City of Baltimore, *23 years.*

Place of Death, { Give street and number. } *South Edo St. No. 1111*

Cause of Death, { First (Primary,) *Heart disease.*
Second (Immediate,) *2 hours.* }

Duration of Last Sickness, *2 hours.*

All the above information should be furnished by the Physician

Place of Burial, *St. Carmel Cem. D.C. Ireland*

Date of Burial, *March 12th 1877*

{ Undertaker, *W. A. Daigle*
Place of Business, *74 S. Broadway* }

Address

Coroner E. H. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16229

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 10th 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hiram Hopkins
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 65 Years, Months, Days.
Color, White Sex, Male.
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Merchant
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Penn.
Duration of Residence in the City of Baltimore, 18 years
Place of Death, { Give street and number. } 99 High St
Cause of Death, { First (Primary,) Second (Immediate,) } Carcinoma of Stomach
Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Vernon Bldg Co S Floyer M. D.
Date of Burial, March 13th 1877
Undertaker, Wm J. Hughes Address 134 N. High
Place of Business, 60 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 715)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16230

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 11, 1877.

Full Name of Deceased, Elizabeth C. Bennett

Sex, Male or Female, Female

Age, 21 Years, 6 Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, Single

Occupation, Servant girl

Birthplace, Baltimore, Md.

Duration of Residence in the City of Baltimore, All her life

Place of Death, 346 Pennsylvania Avenue

Cause of Death, First (Primary), Pulmonary Consumption

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, St. Albans Cemetery

Date of Burial, March 13, 1877 M. D.

Undertaker, B. W. Shepard

Medical Attendant,

Place of Business, 201 Pen Ave

Address, 139, North Howard Street, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16231

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 3rd mo 10th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary. Hagerly
Sex, Male or Female, { Cross out the word not required in this line. } female
Age, 78 Years, Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow.
Occupation, None.
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Wales.
Duration of Residence in the City of Baltimore; 77 years.
Place of Death, { Give street and number. } 451. Lexington St.
Cause of Death, { First (Primary) Debility
Second (Immediate)
Duration of Last Sickness, 4 years.
All the above information should be furnished by the Physician.
Place of Burial, Green Mount Cemetery.
Date of Burial, March 12, 1877
{ Undertaker, Thos. S. Hughes.
Place of Business, 60 E. Baltimore St. } Address 47 Lexington St.
W. Riley M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16232

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 12

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Snow

Sex, Male or ~~Female~~,

Cross out the word not required in this line.

Age,

2

Years,

Months,

12

Days.

Color, White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

236 S. Charles

Cause of Death,

First (Primary.)

Scarlatina

Second (Immediate.)

Bronchitis

Duration of Last Sickness,

13 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Stephen's

Date of Burial,

March 13 1877

Undertaker,

C. H. Krause

Place of Business,

209 Hanover St

Address

146. Hancock St

Theron Crook M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16233

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 11, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } A. M. Van Arsdale

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, 40 Years, Months, Days.

Color, W Sex, M

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Bookkeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Virginia

Duration of Residence in the City of Baltimore, Seventeen Years

Place of Death, { Give street and number. } 343 W Lexington St

Cause of Death, { First (Primary,) Gastro-hepatic disease. Probably malignant
Second (Immediate,) Exhaustion

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Martinsburg Va.

Date of Burial, March 13th 1877 Richard M. D. Medical Attendant.

{ Undertaker, J. J. Loney
{ Place of Business, 508 W Balto St Address 187 A Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 716)

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 11th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Rachel B. Downs

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

7 Years,

2 Months,

10 Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

S.E. Cor. Mulberry St. & Arlington St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Congestion of Lungs
3 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Landon Park

Date of Burial,

March 13th

Undertaker,

Jos. Loomis

Place of Business,

56 E. Balto St.

Address

363 Franklin St.

J. W. C. Addy, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 11th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Robert*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *6* Years, *6* Months, *9* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Bell County Maryland*

Duration of Residence in the City of Baltimore, *4 months*

Place of Death, { Give street and number. } *Wilhelm St. No. 1*

Cause of Death, { First (Primary,) *Hepatic Hemorrhage*
Second (Immediate,) *Spasms*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet*

Date of Burial, *March 13*

{ Undertaker, *J B Cook* Address *No 141 Calhoun St*
Place of Business, *707 Wt Baltimore St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 12th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Florence Atkinson*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *2* Years, Months, Days.

Color, Sea, *Female*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life -*

Place of Death, { Give street and number. } *213 Vine Street*

Cause of Death, { First (Primary), Second (Immediate), } *Rubeola*
Double Pneumonia

Duration of Last Sickness, *Eight days -*

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's cemetery*

Date of Burial, *Mar 12th 1877*

Undertaker, *J B Cook*

Place of Business, *No 707 N Baltimore street*

Address *396 W. Fayette St.*

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16237

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Feb 10th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Warner

Sex, Male or Female,

Cross out the word not required in this line.

Age,

17

Years,

6

Months,

23

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Silverplater

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

869 W. Pratt St

Cause of Death,

First (Primary),

Second (Immediate),

Consumption

Duration of Last Sickness,

1 year, 6 months

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

March 12 1877

Undertaker,

J. S. Paul

Place of Business,

44 Indirect Ave

Address

582 W. Lombard St

H. W. Weber

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16238

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 11th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Struble

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Four Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. Md.

Duration of Residence in the City of Baltimore,

4 yrs

Place of Death, { Give street and number. }

#13 Payson St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia

Duration of Last Sickness,

9 Days

All the above information should be furnished by the Physician.

Place of Burial,

St. Albans

Date of Burial,

March 13 1877

{ Undertaker,

J. P. Paulus

{ Place of Business,

66 North Ave

Address

584 W. Fayette St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16239*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Clara Ringgold

Sex,

~~Male~~ Female,

Cross out the word not required in this line.

Age,

Years,

2 years

Months,

Days.

Color,

Colored

Sex,

Female

~~Married~~ Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

2 years

Place of Death,

Give street and number.

22 Elbow Lane

Cause of Death,

First (Primary),

Second (Immediate.)

*Scarlatina Anginosa
Convulsions*

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial,

Greenwood

Date of Burial,

March 12th 1877

Undertaker,

Hercules Ross

Place of Business,

180 West St

J Edward Kirby, M. D.

Medical Attendant.

Address

91 S Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 11, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

James Wooden

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 12 Years, 4 Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Days, 4

Place of Death, { Give street and number. }

282 282 N. Eutaw St

Cause of Death, { First (Primary,) Second (Immediate,) }

Convulsions one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 13th, 1877

J. B. F. Hank

M. D.

Medical Attendant.

Undertaker, Cha^s. T. Scriven

Place of Business, 211 N. Eutaw St

Address 118 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 16241

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 7. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } *Pauline L. Jordan*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *1* Years, *4* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. City*

Duration of Residence in the City of Baltimore, *life*

Place of Death, { Give street and number. } *261 Walsh Street.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Measles. Followed by Diphtheria 11 days.*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Old Cathedral Cem*

Date of Burial, *March 13th 1877* *Marbury Brewer* M. D. Medical Attendant.

{ Undertaker, *Chas T. Scriven* Address *201 W. Biddle St.*

{ Place of Business, *271 N. Eutaw St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Myra Rosette Faithful

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Three Years, 8 Months, Days.

Color, white Sex, female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 257 West Fayette Street

Cause of Death, { First (Primary,) Scarlet fever
Second (Immediate,) }

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Town Morris Wiener M. D.

Date of Burial, March 13th 1877 Medical Attendant

{ Undertaker, Cha T. Siver Address 249 West Fayette St.
Place of Business, 2711 Eutaw St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 16243

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 11. 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Agnes Morris*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *5* Years, *5* Months, Days.
Color, *white*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*
Duration of Residence in the City of Baltimore, *House* *1 month*
Place of Death, { Give street and number. } *St Vincent's Infant Asylum.*
Cause of Death, { First (Primary.) Second (Immediate.) } *Marasmus*
Hydrocephaloid
from admission
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, *Cathedral Cemetery*
Date of Burial, *March 13. 1877*
Martiny Brewin M. D.
Medical Attendant.
Samuel Brown
Undertaker, *153 Division St*
Place of Business, *201 W. Middle St*
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16244*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 12 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, Years, *about* ~~Months~~ *21* Days.
Color, *white*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Foundling*
Duration of Residence in the City of Baltimore, *House 2 weeks*
Place of Death, { Give street and number. } *St Vincent's Infant Asylum*
Cause of Death, { First (Primary,) *Conjunctive Syphilis*
Second (Immediate,) *atrophy*
Duration of Last Sickness, *from admission*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*
Date of Burial, *March 13 1877*
{ Undertaker, *Saml Bowen*
Place of Business, *453 Division St.*
Address *201 W. Biddle St.*
M. D. *Marbury Brewer*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 10th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Redmond Barrett

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, White Years, 8 month Months, 20 Days.

Color, White Sex, Boy.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 8 mo. 20 days

Place of Death, { Give street and number. } 24 George St

Cause of Death, { First (Primary,) Malignant Scarlet Fever
Second (Immediate,) Convulsions

Duration of Last Sickness, thirty hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Geo. F. Ruess M. D.

Date of Burial, 12 March Medical Attendant

{ Undertaker, J. J. Halpin Address 258 W. Fayette St
{ Place of Business, 262 Penn av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

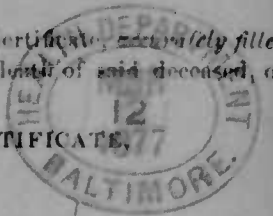
Board of Health, City of Baltimore,

Permit No. 16446

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 12th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sarah Ann Blake.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

67 Years,

Months,

Days.

Color,

~~Married~~, Single, Widow or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Chestertown, Md.

Duration of Residence in the City of Baltimore,

40 years

Place of Death,

{ Give street and number }

158 S. Sharp

Cause of Death,

{ First (Primary),
Second (Immediate), }

~~Phthisis~~ Phthisis Pulmonalis

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician

Place of Burial,

Mt. Olivet Cemetery

Date of Burial,

March 14th 1877

R. J. H. Tall M. D.

Medical Attendant.

{ Undertaker,

John S. Macpherson

{ Place of Business,

150 Camden St.

Address

158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16247*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar 11th 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Hattie Snyder*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *16* Years, Months, Days.

Color, *white*

Married, Single, *Widow* or *Widower*, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Med*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Madison Ave near Laurens St.*

Cause of Death, { First (Primary,) *Scarlet Fever*
Second (Immediate,) *Pericarditis*

Duration of Last Sickness, *6 weeks*

All the above information should be furnished by the Physician

Place of Burial, *Southern Park*

Date of Burial, *March 13 1877*

J. G. Keller

M. D.

Medical Attendant.

{ Undertaker, *Jacob Weaver*

{ Place of Business *No 426 Druid Hill Avenue*

Address *87 N. Greene St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Mar 12th 77
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } August Schlath
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 4 Years, Months, Days.
Color, White Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, { Give street and number. } No 4 Calverton Road
Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia
Duration of Last Sickness, 6 Days
All the above information should be furnished by the Physician.
Place of Burial, Linden Park C. I G Hamblett M. D.
Date of Burial, March 13th 77 Medical Attendant.
{ Undertaker, John P. Paulus Address 203 W. Lombard
{ Place of Business, 16 Frederick Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 11th

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Martha Loewer

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

4

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

219 Hamburg

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Scarlet fever

Duration of Last Sickness,

All the above information should be furnished by the Physician.

24 hours

Place of Burial,

Laudenpark Cem

Date of Burial,

March 13th 1877

J. J. Knight

M. D.

Medical Attendant.

{ Undertaker,

Julius Koehler

Address

{ Place of Business,

Cor Sharp & Cross St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

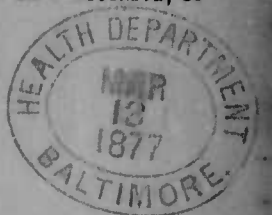
Board of Health, City of Baltimore,

Permit No. 162571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary L. Hammond

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, 3 Months, _____ Days.

Color, Mulatto

Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 109 Sarah Ave St.

Duration of Residence in the City of Baltimore, 3 months.

Place of Death, { Give street and number. } 101 Sarah Ave St.

Cause of Death, { First (Primary,) Brouchitis
Second (Immediate,) _____

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

J. B. Gardner M. D.
Medical Attendant.

Date of Burial, March 13 1877

{ Undertaker, W. W. Chase

Address 120 W. Green St.

{ Place of Business, No 178 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16257*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 12th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles W. Odell*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *9* Years, *11* Months, *11* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Walker St. No 52*

Cause of Death, { First (Primary,) Second (Immediate,) } *Bronchitis*

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp Cemetery*

Date of Burial, *March 13 1877*

Undertaker, *H. McKease*

Place of Business, *No 198 Howard*

Address *116 E. Lombard St.*

C. L. Biddle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, March 11, 1877

Full Name of Deceased, Justici Buyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 Years, Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Sign Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } Baltimore City Jail

Cause of Death, { First (Primary,) Second (Immediate,) }

Apoplexy
10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, March 12

{ Undertaker, Charles Stricker
Place of Business, Pratt & Chester St

J. N. Horck M. D.
Medical Attendant.

Address 95 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, and to LIST OF DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or as soon as requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 12 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. Warner Jr

Sex, Male or ~~Female~~, { Cross out the word not required in this line, }

Age, 72 Years, Months, Days,

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Lawyer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 75 Franklin St.

Cause of Death, { First (Primary,) Second (Immediate,) } Transition

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, 14th March

{ Undertaker, Jacob Weaver

{ Place of Business, 466 Grand Hill Ave

J. W. Milburn M. D.
Medical Attendant.

Address 1217th Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16254

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 13.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edna A. Bridgson
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 3. Years, 9. Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, { Give street and number. } 406 E. Eager
Cause of Death, { First (Primary,) Second (Immediate,) } scarlatina
Duration of Last Sickness, 13 days
All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery
Date of Burial, March 14th 1877
{ Undertaker, John H. Weaver
Place of Business, #22 W. Fayette St }

Sherrard Corbin M. D.
Medical Attendant.

Address 146 - Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16253

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Died, March 11th 1877

of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Orlando Dwyer Sr.

or Female, { Cross out the word not required in this line. }

Age, 68 Years,

Months,

Days.

uses

White

Sex, Male

Single, Widow or Widower, { Cross out the words not required in this line. }

His Worker

State or country (and how long in the United States, if foreign birth.)

New York.

Residence in the City of Baltimore,

28 1/2 years

{ Give street and number. }

No 100 N. Gilman St.

{ First (Primary,) }

{ Second (Immediate,) }

Cholera Infantum

Last Sickness,

About 3 months

Information should be furnished by the Physician.

Place of Death,

London Park Cem

Date of Death,

March 14th 1877

Signature of

Hughes & Co

Signature of

330 Fayette

Dr. Wm. H. Hays

M. D.

Medical Attendant.

Address

No 203 N. Lincoln St.

Authorized as

Direct cause

from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

It be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish to the Undertaker or other person or persons superintending the burial, a Certificate of Death, in which shall be ascertained, the full name, sex, age and condition (whether married or single) of the person, and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16256

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 12 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Margt Falkner & Andrew Kogner*
Sex, Male ~~or Female~~, { Cross out the word not required in this line. } *Parents*
Age, _____ Years, _____ Months, *1/2 hour*
Color, *white*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *258 N. Dallas St*
Cause of Death, { First (Primary,) *Premature Birth*
Second (Immediate,) *Asphyxia* }
Duration of Last Sickness, *Life*
All the above information should be furnished by the Physician.
Place of Burial, *St. Michaels Church*
Date of Burial, *March 13 1877* M. D.
{ Undertaker, *Christopher Weiss*
Place of Business, _____ } Address *Commiss of Health*
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Frederick Kaufman [OVER.]
Woodwich

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 14 1877

Undertaker, Armstrong & Son

Place of Business, 26 Light

March 11th 1877
James Brannan
Male

Months, Days.

White
Married
Engineer
Ireland

40 years

17 Hill St.

Temporary aberration of mind
Suicide by shooting himself with a pistol
10 minutes

R. C. Lee M. D.

N. W. in Coram S. D.
Address Harmon & Barr Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Persons are respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16258

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 9th '77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Moses Smith*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *85* Years, _____ Months, _____ Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *don't know*

Occupation, *Levitt*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *don't know*

Duration of Residence in the City of Baltimore, *3 years*

Place of Death, { Give street and number. } *Maryland Penitentiary*

Cause of Death, { First (Primary,) _____
Second (Immediate,) *Hypertrophy*

Duration of Last Sickness, *3 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Centerville Md*

Date of Burial, *Mar 13th 1877*

Undertaker, *Friends*

Place of Business, _____

Address *166 East Eager St*
per W. L. Lickens

J. B. Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16259

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 12 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Adams.

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 2 Days.

Color, col L

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Baltimore City

Place of Death, { Give street and number. } 5 Leffermans St

Cause of Death, { First (Primary,) } Cold
{ Second (Immediate,) } Convulsions
all its life

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 14 1877 James A. Stearns M. D.

{ Undertaker, W. N. Dungee

{ Place of Business, East St Address Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Martha Adams [OVER.]
mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 12 1877*

Full Name of Deceased, *Bertha Bevan* *Mother*
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *24* Years, *24* Months, *24* Days.

Color, *Blk*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *E. Pub Cemetery* *James A. Stearns* M. D.

Date of Burial, *March 13 1877*

Undertaker, *Chas. Shepper* Address *Commissioner of Health*

Place of Business, *Pratt & Chestnut Sts* *Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by Angeline Wilson (OVER.) *midwife*

Board of Health, City of Baltimore,

Permit No. 16261

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 12th March 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John T. Watson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 16 Years,

Months,

Days.

Color,

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number. }

218 Chapel St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Enteritis
Peritonitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, March 12th 1877

M. D.

Medical Attendant.

Undertaker, Geo. A. Byrne

Place of Business, 63 N. Front

Address, Broadway 2

Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the remarks below, and to List of Diseases on Back of this Certificate.

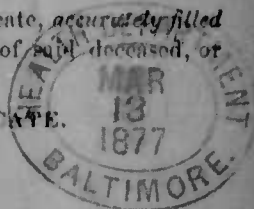
Board of Health, City of Baltimore,

Permit No. 16262

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philis Dennis

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 81 Years, Months, Days.

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Washer Woman

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Queen Anne's County Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number. } 28 Walnut Alley.

Cause of Death, { First (Primary) Second (Immediate) } Old Age

Duration of Last Sickness, been complaining for 6 months. her friends say we found her dead on our first visit

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 13th 1877 Hammer & Hoy M. D. Medical Attendant.

{ Undertaker, J. J. Sam's Gray

{ Place of Business, 15 Mulberry St

Address 190 Penn Ave
414 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to last of Diseases on back of this Certificate.

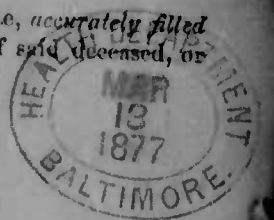
Board of Health, City of Baltimore,

Permit No. 16263

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 12th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Virginia Smith*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *Thirty Seven* Years, *Three* Months, Days.

Color, *White*

Sex, *Female*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Married*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *City of Baltimore*

Duration of Residence in the City of Baltimore, *37 Years 3 Mos*

Place of Death, { Give street and number. } *No 21 Maryland St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia Pulmonalis*
Suppurative Peritonitis

Duration of Last Sickness, *Three Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Balt County*

Date of Burial, *March 14 1877*

Undertaker, *Wm Fy*

Place of Business, *54 of Broadway*

Address *140 Scott St*

Geo. D. Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16264*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *13th March 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Alonzo Snyder*

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, *36* Years, *4* Months, *11* Days.

Color, *white* Sex, *Male*

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, *Collector*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Missouri*

Duration of Residence in the City of Baltimore, *25 yrs*

Place of Death, { Give street and number. } *350 N. Gilman*

Cause of Death, { First (Primary,) Second (Immediate.) } *Tuberculosis*
Phthisis Abdom. et Pulm.

Duration of Last Sickness, *5 months*

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*

Date of Burial, *March 15th 1877*

John Hood M. D.
Medical Attendant.

{ Undertaker, *The Jones & Co*

{ Place of Business, *350 Fayette St* Address *274 Hollins St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

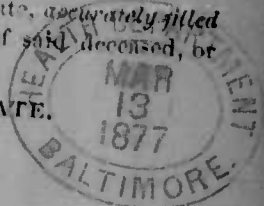
Board of Health, City of Baltimore,

Permit No. 16265

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said* deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 12th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma B. F. Loudenslager.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

8 Months,

15 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City,

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

239 Lee St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlet Fever.

Duration of Last Sickness,

5 days.

All the above information should be furnished by the Physician.

Place of Burial,

Western Cem.

Date of Burial,

March 14th

R. J. N. Tall

M. D.

Medical Attendant.

Undertaker,

Wm. J. Pickner

Place of Business,

68 S. Calver St.

Address

158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16266*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 13 1877.*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Johanna Henrietta Elisabet Mancke*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, Years, *57* Months, *3* Days, *5*
Color, *White* Sex, *Single*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*
Occupation, *Ballroom*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Hannover, Germany.*
Duration of Residence in the City of Baltimore, *Register # 196*
Place of Death, { Give street and number. } *to*
Cause of Death, { First (Primary,) *Antimonial of the Lungs*
Second (Immediate,) *Consumption*
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, *Greenwood Cemetery*
Date of Burial, *March 1877* *Martin Fick* M. D.
{ Undertaker, *John P. G. G. G.* S. Board # 75 Medical Attendant.
Place of Business, *165 N. E. Street* Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 16267

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 12th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Doyle

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, fifteen years.

Place of Death, { Give street and number. } 558 W. Lombard St.

Cause of Death, { First (Primary) Pneumonia Second (Immediate) }

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician

Place of Burial, St. Peter's Cemetery

Date of Burial, March 14th 1877

Undertaker, J. B. Cook

Place of Business, No 707 1/2 Baltimore Street

Address 379 W. Lombard St.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and is specially invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16268*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 12th 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Katie McKnight

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Months, *9* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

47 Frederick Avenue

Cause of Death, { First (Primary), Second (Immediate), }

Pneumonia birth. 7 mos. In winter Throat & Pulmonary.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *March 15th 1877*

{ Undertaker, *J B Cook*

{ Place of Business *No 704 W Baltimore Street*

A H Jackson M. D.
Medical Attendant.

543 St Ignace St
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 13th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Edward C. Linton*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *41* Years, Months, *Forty one* Days.

Color, *White* Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *City of Balto*

Duration of Residence in the City of Baltimore, *41 Days*

Place of Death, { Give street and number. } *No 102. Scott St*

Cause of Death, { First (Primary,) *Bronchial Catarrh*
Second (Immediate,) *Pulmonary Congestion*

Duration of Last Sickness, *Six Days*

All the above information should be furnished by the Physician.

Place of Burial, *Louisa Park Cemetery*

Date of Burial, *March 14th 1877*

Undertaker, *J B Clark* Address *140 Scott St*

Place of Business, *No 707 N Baltimore street*

M. D. _____
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...by respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16270*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 13th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Margie McKnight

Sex, Male or Female, { Cross out the word not required in this line. }

Female.

Age, *about 30* Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Connecticut

Duration of Residence in the City of Baltimore,

20 years

Place of Death, { Give street and number. }

47. Frederick Avenue.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Phthisis Pulmonalis 2 years

Child birth. 7 months.

Duration of Last Sickness,

9 days.

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *March 15th 1877*

Undertaker, *J. B. Cook*

Place of Business, *No 707 W. Baltimore Street*

A. H. Satter

M. D.

Medical Attendant.

Address

523 Spring St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

any other person to the remarks below, and to List of Diseases on back of this Certificate.

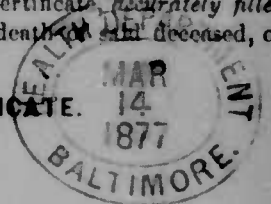
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16271*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Mar. 13. 1877-*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *David Charles Griffith,*
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, *31* Years, *1* Month, Days.
Color, *White* Sex, *Male*
Married, Single, Widow ~~or Widower~~, { Cross out the words not required in this line. }
Occupation, *Shoemaker*
Birthplace, { State or country (and how long in the United States) if of foreign birth. } *Balto. City*
Duration of Residence in the City of Baltimore, *During life,*
Place of Death, { Give street and number. } *112 Mosher St*
Cause of Death, { First (Primary),
Second (Immediate), } *Phtisis Pulmonalis*
Duration of Last Sickness, *One year*

All the above information should be furnished by the Physician.

Place of Burial, *Balton Cemetery*
Date of Burial, *14 March*
Undertaker, *L. L. Trenchard* Address *244 Lauwale St*
Place of Business, *Free Mt W & Monument St*

J. L. Ingle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.

Board of Health, City of Baltimore.

Permit No. 16472

OFFICE OF REGISTRAR OF VITAL STATISTICS



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 14 1877

Undertaker, James D Byrne

Place of Business, 63 N Front St

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 162

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,



Permit No. 16273

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

George Pearson

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

10 Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

203 N. Dallas

Cause of Death, { First (Primary), Second (Immediate), }

Capillary Bronchitis

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

March 14

Undertaker,

Geo W. Spence

Place of Business,

206 Forest St

Address 195 N. Eolen St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,



Permit No. *16274*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 13th 3, 30 a.m.*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Wilhelmina Uhland*

Sex, *Male or Female*, Cross out the word not required in this line.

Age, *3* Years, *10* Months, *10* Days.

Color, *white* Sex, *Female*

Married, Single, Widowed, or Widower, Cross out the words not required in this line.

Occupation, *0*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *435 W. Ball. St.*

Duration of Residence in the City of Baltimore, *3 months*

Place of Death, Give street and number. *435 West Pratt St.*

Cause of Death, First (Primary,) Second (Immediate.) *Pneumonia*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 14th* *John L. Eiker* M. D.

Medical Attendant

Undertaker, *John Fungel*

Place of Business, *27 n. Pica St.* Address *77 N. Eutaw.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore

Permit No. *16275*

OFFICE OF REGISTRAR OF VITAL STATISTICS



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 13. 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Edward Henry Handy*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *79* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Store Keeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Summersett Co Md*

Duration of Residence in the City of Baltimore, *50 years*

Place of Death, { Give street and number. } *60 Parrish St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Old Age*

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, *London Park Cemetery*

Date of Burial, *March 14 1877*

{ Undertaker, *John P. Paulus*

{ Place of Business, *66 Belvoir Ave*

Address *582 W Lombard St*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16276

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Huntington Kyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 14 Years, 7 Months, 19 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, School-boy

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 421 E. Balt. St.

Cause of Death, { First (Primary,) Measles of Vermiform Appendix
Second (Immediate,) Peritonitis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery, Glanville, Rich M. D.

Date of Burial, March 16th 1877

{ Undertaker, Geo. P. Hughes

{ Place of Business, 60 E. Balt.

Address Balt. Wash. etc.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,



Permit No. *16277*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 13. 4

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Elizabeth Cole

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

64

Years,

Months,

Days.

Color,

White

~~Married~~, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

29 years

Place of Death,

Give street and number.

59 James Alley

Cause of Death,

First (Primary.)

Second (Immediate.)

Sciama of the Stomach

Duration of Last Sickness,

5 months

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

March 15th 1877

M. D.

Medical Attendant.

Undertaker,

Julius Koehler

Address

146 Hanover St

Place of Business,

Cor Thayer Bros St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on each page.

Board of Health, City of Baltimore,



Permit No. 16278

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 12, 1878*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Amanda Hollins*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *27* Years, Months, Days.

Color, *Colored* Sex,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Washwoman*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Quinnans Co Md*

Duration of Residence in the City of Baltimore, *6 months*

Place of Death, { Give street and number. } *No 3 Hagwood St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis*

Duration of Last Sickness, *2 months*

All the above information should be furnished by the Physician.

Place of Burial, *E. Pub Cemetery*

Date of Burial, *March 12 1877*

Undertaker, *Chas. Shaffer*

Place of Business, *Pratt & Chesto*

Address, *151 E Madison St*

E. H. McCarty M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. *16279*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 13th

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Nellie B. M. Adams

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

/

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

*133 N Paca St.
Scarlet Fever*

Cause of Death,

{ First (Primary),
Second (Immediate). }

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Loudin Park

Date of Burial,

March 14th 1877

Undertaker,

Jacob Weaver

Place of Business,

North Druid Hill Avenue

Address

J. J. Knight

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,



Permit No. *16280*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 13th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Adam Burke*

Sex, *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, *1* Years, *6* Months, *8* Days.

Color, *Colored* Sex, *Male*

~~Married~~, *Single*, ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *18 months*

Place of Death, { Give street and number. } *No 23 Elbow Lane*

Cause of Death, { First (Primary),
Second (Immediate), } *Pneumonia.*

Duration of Last Sickness, *4 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Maple Cemetery*

Date of Burial, *March 14th 1877*

J. Edward Kirby M. D.
Medical Attendant.

{ Undertaker, *John S. Baker*
Place of Business, *No 150 Canal St*

Address *91 S Greene St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

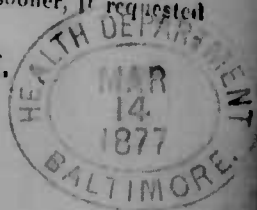
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 13/77

Full Name of Deceased, Mary M. Enon
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 33 Years, 3 Months, 3 Days

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the word is not required in this line. }

Occupation,

Birthplace, Balt. Md.
{ State or country (and how long in the United States, if of foreign birth) }

Duration of Residence in the City of Baltimore,

Place of Death, Crop St.
{ Give street and number. }

Cause of Death, Puerperal Fever
{ First (Primary,) Second (Immediate,) }

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St. John's C.

Date of Burial, March 14 1877

Undertaker, Wm. Strong, Denny

Place of Business, 263 Light St.

W. L. Spencer M. D.
Medical Attendant.
Address 377 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16284

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 14
Chas. Aug. Deerbeek

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

White

7

Months

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

172 Preston St

Cause of Death, { First (Primary,) Second (Immediate,) }

Emaciation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

7 weeks

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 15 1877

Undertaker, George Saffran

Geo L. Rice

M. D.

Medical Attendant.

Place of Business, 121 Lomb Avenue

Address

37 Grand Mill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

13 March 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Anna Damer

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

6

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

St. Vincent's Infant Asylum

Cause of Death,

First (Primary.)

Typhoid fever

Second (Immediate.)

Collapse

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician

Place of Burial,

St. Luke's Episcopal Church

Date of Burial,

March 15 1877

Undertaker,

George Safford

Place of Business,

211 N. Howard Street

Marbury Brewer

M. D.

Medical Attendant.

Address

201 N. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16284*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 13/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William J. Gentry

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

Years, *Five* Months, _____ Days.

Color,

White

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

5 months

Place of Death, { Give street and number. }

#106 S. Stricker St

Cause of Death, { First (Primary.) Second (Immediate.) }

Pneumonia

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's cemetery*

Date of Burial, *March 14 1877*

{ Undertaker, *J. B. Cook*

{ Place of Business, *No 707 W. Baltimore Street*

J. J. Linnicum M.D.
Medical Assistant.

Address *#584 W. Fayette St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

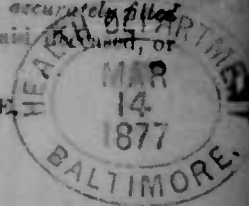
Board of Health, City of Baltimore,

Permit No. 16285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 15th. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbara K. Lee

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, / Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Balt. Med. since birth

Place of Death, { Give street and number. } 131 N. Chappel St.

Cause of Death, { First (Primary.) Measles. Second (Immediate.) convulsions }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Anthonys Cemetery, M. D.

Date of Burial, 15th of March

Undertaker, Adam J. Lee

Place of Business, 161 N. Gay St.

Address, Balt & Chappel St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16286*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 12th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John, Alexander, Wayman*

Sex, Male ~~on Female~~, { Cross out the word not required in this line. }

Age, *23* Years, _____ Months, _____ Days.

Color, *Colored*

Married, ~~Single, Widower or Widow~~, { Cross out the words not required in this line. }

Occupation, *Oyster shucker*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt City*

Duration of Residence in the City of Baltimore, *all his life*

Place of Death, { Give street and number. } *136 Orchard St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis acute*

Duration of Last Sickness, *One month*

All the above information should be furnished by the Physician.

Place of Burial, *Lanux Cemetery*

Date of Burial, *March 14th 1877*

F. J. Miles M. D.
Medical Attendant.

{ Undertaker, *Abraham Wayman* Address *24 Cathedral St.*

{ Place of Business, *30 Saratoga St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to last of diseases on back of this certificate.

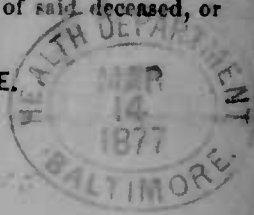
Board of Health, City of Baltimore,

Permit No. 16287

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 12 - 1877 Harry W. Johnson.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry W. Johnson.
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, _____ Years, Eight Months, _____ Days.
Color, African Sex, Male.
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md.
Duration of Residence in the City of Baltimore, Since Birth.
Place of Death, { Give street and number. } 42 Stockton St.
Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) Asthenia
Duration of Last Sickness, Three weeks.
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, March 14th 1877 John T. King M. D.
Medial Attendant.
{ Undertaker, Wm. J. Gray Address Edmondson Ave
{ Place of Business, 65 Mulberry St near Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

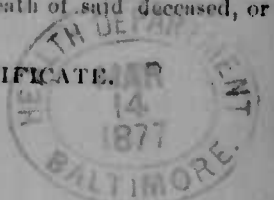
Permit No. 16288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 14th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ellis Price Young*
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, *1* Years, *6* Months, *—* Days.
Color, *Blk*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, *—*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *35 St. Paul St*
Cause of Death, { First (Primary,) Second (Immediate,) } *Dentition*
Spasms
Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *Lucy Cemetery*
Date of Burial, *March 15th 1877* *James A. Stearns* M. D.
{ Undertaker, *W. N. Dungey* Address *Commissioner of Health*
{ Place of Business, *East St* *Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Wm Young father [OVER]

Board of Health, City of Baltimore,

Permit No. 16289

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 14th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Alice Coxon

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

— White —

Years,

7

Months,

—

Days.

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

None

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

197 Eastern Avenue

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Meningitis acute

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

March 15th

Undertaker,

M. A. Haigel

Place of Business,

117 S. Broadway

Address

117 S. Broadway

R. W. Mansfield

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16290*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 14 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Matilde Mery*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *5* Years, Months, Days.

Color, *White*

Married, *Single, Widow or Widower*, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore city*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *250 W. Pratt St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Balta. Cemetery*

Date of Burial, *March 15th*

A. J. Wiers

M. D.

Medical Attendant.

Undertaker, *John Guefel*

Place of Business, *27 n. Baca St*

Address *95 S. Sharp St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

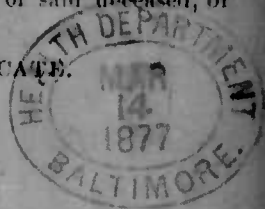
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, ,

March 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Margaret Mary Kahl

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

Years,

4 Months,

12 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City,

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

near 18 Beran St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Deceased
Pneumonia

Duration of Last Sickness,

about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 15th 77

{ Undertaker, H. Brice

{ Place of Business, Kennetta St 81

R. J. H. Tall M. D.
Medical Attendant.

Address 15 E. G. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16292*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

13 March 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Barbara Lasser

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

2

Months,

9

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

4 weeks

Place of Death, { Give street and number. }

St Vincent's Infant Asylum

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus

Hydrocephaloid

Duration of Last Sickness,

When received

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

March 14

Marbury Brewer

M. D.

Medical Attendant.

Undertaker,

Wendelin Dippell

Place of Business,

Bond St 151

Address

201 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

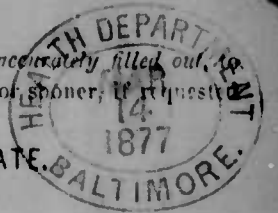
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16293*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sponsor, if requested to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 12th / 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John L. Conway*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *44* Years, _____ Months, _____ Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *Clark*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Cambridge Md.*

Duration of Residence in the City of Baltimore, *18 Years*

Place of Death, { Give street and number. } *56 Hampstead St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Congestive & Purpuric fever*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician

Place of Burial, *Forest Cemetery*

Date of Burial, *March 14th / 77*

Undertaker, *J. M. Nichols*

Place of Business, *38 S. Mott St.*

O. Edward Miller M. D.
Medical Attendant.

Address *15. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the facts are ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and manner of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16294*



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar. 13. 77.*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joshua Lee*
Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, *9* Months, Days.

Color, *Colored* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City.*

Duration of Residence in the City of Baltimore, *9 mos.*

Place of Death, { Give street and number. } *#5 Shuter. St.*

Cause of Death, { First (Primary,) *Marasmus*
Second (Immediate,) *inaction*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Lamar St Cemetery*

Date of Burial, *March 14th 1877*

{ Undertaker, *John W. Locke*
Place of Business, *38 & 40 E. St.*

Address *235 N. Bond Street*

W. B. O'Quinn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amelia Bell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Ten Months, Days.

Color, (colored) Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 88 Dallas St

Cause of Death, { First (Primary,) Second (Immediate,) } Sepsis
Bronchial Catarrh

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, { Give street and number. } Whitefield Winney M. D.
Medical Attendant.

Date of Burial, March 14th 1877

{ Undertaker, { Place of Business, } Address 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

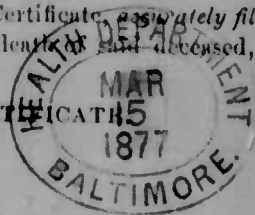
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{carefully filled} out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 14th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Peter Gerhardt
Sex, Male or Female, { Cross out the word not required in this line. } male
Age, _____ Years, 11 Months, 10 Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore, since born
Place of Death, { Give street and number. } Chester near Belair & Co.
Cause of Death, { First (Primary,) Second (Immediate,) } Rubella
Pneumonia
Duration of Last Sickness, 6 days
All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemetery
Date of Burial, March 15th 1877
{ Undertaker, Place of Business, } The Holman
63 N. E. St.
Address 27 N. Broadway
P. J. Gausche M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 14/77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mina Wause*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, *1* Months, *2* Days.

Color, *White*

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *250 N. Caroline Str.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Thrush*

Duration of Last Sickness, *9 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery.*

Date of Burial, *March 15th 77.*

{ Undertaker, *Henry Hoeck.*

{ Place of Business, *309 Central Ave.*

A. Bronsohn M. D.
Medical Attendant.

Address *254 N. Caroline Str.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16298

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *neatly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 13th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Jacques J. Bruegger

Sex, Male ☒ Female, ☐

Cross out the word not required in this line.

Age,

Years,

9 Months,

10 Days.

Color,

Married, Single, Widow or Widower, ☐

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, Give street and number.

412 2 Madison St

Cause of Death, First (Primary),

Second (Immediate),

Thought to have had Measles
Pneumonia
Eight days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

March 15th 1877

Undertaker,

H. W. Meers

Place of Business,

May St

W. W. White, M. D.
Medical Attendant.

Address 341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Eva King*
Full Name of Deceased, *March 14th*
Sex, ~~Male~~ Female, *Write legibly and spell correctly. If an infant not named, give names of parents.*
Age, *Eight* Years, *Six* Months, *—* Days.
Color, *White* Sex, *Female*
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, *Cross out the words not required in this line.*
Occupation, *—*
Birthplace, *Balto -*
Duration of Residence in the City of Baltimore, *—*
Place of Death, *Home of Friends, Druid Hill Ave*
Cause of Death, *Laryngeal Croup*
Asphyxia -
Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet Cemetery*
Date of Burial, *March 15th 1877*
Undertaker, *Jacob Weaver* Address *—*
Place of Business, *486 Druid Hill Ave*

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16300*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Mar 14 - 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John H. Mayson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2

Years,

2

Months,

Days.

Color,

white

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

McCulla Street

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cor - Division to McKim St

Cause of Death,

First (Primary),

Scarlet Fever

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Balta Cemetery

Date of Burial,

March 15th 1877

Undertaker,

Jacob Weaver

Place of Business,

North Drind Hill

Address

Cor Lexington & ...

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 14th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Lena B. Kahl.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

4 Years,

7 Months,

9 Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Coleman's Court.

Cause of Death,

{ First (Primary) Second (Immediate) }

Typhoid Fever

Duration of Last Sickness,

14 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial, No 15

R. J. H. Tall M. D.
Medical Attendant.

Undertaker,

H. Brice

Place of Business,

H. Brice

Address

158 Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16302

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1899

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alveta Reese

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, _____ Months, _____ Days.

Color, Dark

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Gallat Co Mo

Duration of Residence in the City of Baltimore, About one year

Place of Death, { Give street and number } No 1 Jenkins St

Cause of Death, { First (Primary,) _____ Second (Immediate,) _____ } lung disease

Duration of Last Sickness, About one month

All the above information should be furnished by the Physician

Place of Burial, Laverl Cemetery

Date of Burial, March 16th 1899

Undertaker, Andrew Leis

Place of Business, 118 E. ...

Address 37 Mulberry St

W. L. Riem M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

1877

Permit No. 16303

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 14

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Emma Smith

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

3

Years,

2

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

148 West St

Cause of Death,

First (Primary.)

Measles

Second (Immediate.)

Pneumonia

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Paul's Church

Date of Burial,

March 16

Undertaker,

Charles F. Howard

Place of Business,

146 Hanover St

Theodore L. L. M. D.

M. D.

Medical Attendant.

Address

146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16304

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *and duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 12 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George L. Russell*

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, *42* Years, Months, Days.

Color, *Colored*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *Sailor*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Virginia*

Duration of Residence in the City of Baltimore, *Two years*

Place of Death, { Give street and number. } *62 Dover St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis Pulmonalis*

Duration of Last Sickness, *Two years*

All the above information should be furnished by the Physician.

Place of Burial, *Lane Cemetery*

Date of Burial, *March 15 1877*

{ Undertaker, *W. H. Chase* Address *57 Barn rd* }

{ Place of Business, *No 1984 Howard* }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Board of Health, City of Baltimore,



Permit No. 16305

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob Jackson
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 84 Years, 17 Months, 17 Days
Color, Colored Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, Laber
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Jells Point Baltimore Md
Duration of Residence in the City of Baltimore, All his Life
Place of Death, { Give street and number. } No 13 Saratoga St
Cause of Death, { First (Primary,) Second (Immediate,) old Ages
Duration of Last Sickness, 4 weeks
All the above information should be furnished by the Physician.

Place of Burial, Catholic Church
Date of Burial, March 15 1877
(Undertaker, W. H. Clark)
(Place of Business, 118 N. E. St) Address No 23 Bath St
Baltimore Md
M. D. J. H. Clark
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16306

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 13.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Shadus Washington

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

Years,

4

Months,

—

Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

41.

Burgundy Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Congestion of the Lungs

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16, 1874

{ Undertaker, H. Chase

{ Place of Business, 115 N. Howard St.

Sheldon Crook M. D.
Medical Attendant.

Address 146 Hammond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *by filling out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

14th March 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Henry, M. W. Terhune

Sex, Male or Female,

Cross out the word not required in this line.

Age,

1 Years,

10 Months,

Days.

Color,

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

22 months

Place of Death, Give street and number.

409, E. Eager St.

Cause of Death,

First (Primary),
Second (Immediate),

Rubeola
Scarletina
2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Loudon Park Cem.

Date of Burial,

March 16th 1877

Undertaker,

M. A. Baizer

Place of Business,

748 3rd St.

Address

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16309*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar 14 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Anna Bradford*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *About 30* Years, Months, Days.

Color, *Colorado* Sex, *Female*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*

Occupation, *Servant*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Harford Co Md*

Duration of Residence in the City of Baltimore, *14 Years*

Place of Death, { Give street and number. } *Ross St near Enoch*

Cause of Death, { First (Primary),
Second (Immediate), } *Diphtheria (?) diagnosis not positive*

Duration of Last Sickness, *Six Days*

All the above information should be furnished by the Physician.

Place of Burial, *Lawel Cemetery*

Date of Burial, *March 15 1877*

W. D. Borker M. D.
Medical Attendant.

{ Undertaker, *John A. Gordon*
Place of Business, *N 63 Park Ave*

Address *1074 Madison St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16310

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 3rd Mar 14th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henrietta Lewis
Sex, Male or Female, { Cross out the word not required in this line. } female
Age, 64 Years, Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single.
Occupation, House-keeper.
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Pennsylvania
Duration of Residence in the City of Baltimore, 2 years.
Place of Death, { Give street and number. } 313, Carrollton Avenue
Cause of Death, { First (Primary,) Second (Immediate,) } Apoplexy.
Duration of Last Sickness, a few hours 2 or 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet
Date of Burial, March 15th
Undertaker, Wm. W. Leonardson
Place of Business, 82 W. Baltimore St.
Address, 47 Lexington St.
W. Riley M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday March 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosa Burton

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 11 Months, Days.

Color, Negress Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 23 months

Place of Death, { Give street and number. } 16 Hamilton St.

Cause of Death, { First (Primary,) Broucho. Pneumonia
Second (Immediate,) Suffocation

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery C. Geddings Welch M. D.

Date of Burial, Thursday March 15 Medical Attendant.

{ Undertaker, John C. Gordon
Place of Business, No. 63 Park Ave Address 31 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 16312

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 42 Years, 6 Months, — Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16313

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, Months, Days.

Color, White Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16 1877

{ Undertaker, Andrew Knell

{ Place of Business, 206 Columbia Av.

Address

203 W. Lombard St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Gerena Hicks

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

8 Months,

3 Wks

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Not any Baltimore

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

All Life

Duration of Residence in the City of Baltimore.

22 Low St

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Organic disease of Brain
Convulsions

Duration of Last Sickness,

6 wks

All the above information should be furnished by the Physician

Place of Burial, Cedar St Cemetery

Gen. H. Hayson

M. D.

Date of Burial, March 16th 1877

Undertaker, John W. Hicks

Place of Business, 38 S. Holl St

Address

18 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 16315

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret S. Brown

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, 57 Years,

Months,

Days.

Color, White

Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } C. C. County Maryland

Duration of Residence in the City of Baltimore, Seventeen years

Place of Death, { Give street and number. } No 231 Barnes St.

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis Pulmonalis

Duration of Last Sickness, About 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 16th

Undertaker, J. J. Hatcher

Place of Business, 150 Lombard St

Permit No. 16315 M. D.
Medical Attendant.

Address No 203 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 16816

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 14th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sadie Rizzolo*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *3* Years, *8* Months, *22* Days.

Color, *Colored* Sex, *Female*

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *3 years 8 mo & 22 days*

Place of Death, { Give street and number. } *No 22 Elbow Lane*

Cause of Death, { First (Primary,) Second (Immediate,) } *Scarlatina Anginosa*
Convulsions

Duration of Last Sickness, *Five days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *March 16*

{ Undertaker, *Heicler's Box*

{ Place of Business, *180 West St*

Edward Kirby M. D.
Medical Attendant.

Address *91 S Greene St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Conrad Ritterfisch
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Years, Months, Days,
Color, White Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. - Ann St. No. 228.
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } Ann St. No. 228.
Cause of Death, { First (Primary,) Premature Labor Period of Uter.
Second (Immediate,) gestation: 7 months.
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, Mount Carmel Cemetery
Date of Burial, March 1877 E. M. Schutte M. D. Medical Attendant
{ Undertaker, John P. Schutte
{ Place of Business, 165 N. E. St. Canton Md. Address S. W. Cor. H. St. & Canton Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16318*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 10th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Bernard William Kirby*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *Eight* Years, *Months* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *No. 214 N. Fremont St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Bronchial Catarrh*
Asphyxia

Duration of Last Sickness, *3 1/2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cem.*

Date of Burial, *March 16 1877* *Wm. W. Murray M.D. M.D.*
Medical Attendant.

{ Undertaker, *Charles L. Scriver* Address *10 N. Carey St.*

{ Place of Business, *2710 Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *11319*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar 14th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Conrad Bultprisch* *Parent*

Sex, *Male* ~~Female~~, { Cross out the word not required in this line. }

Age, *—* Years, *—* Months, *one* Day.

Color, *White*

Married, *Single*, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *228 Ann St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Premature Birth*

Duration of Last Sickness, *Copy*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel*

Date of Burial, *Mar 15th 1877*

Undertaker, *John C. Schuk* Address *Wolf & Canton Ave*

Place of Business, *165 Alice Ave*

L. M. Schuelter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

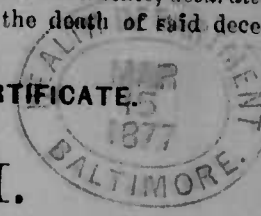
Permit No. 16320

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 15, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Patrick Muldoon.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 45 Years,

Months,

Days.

Color, White

Sex,

Male.

~~Married~~, Single, ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Redder-

Ireland

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

25 years.

Place of Death, { Give street and number. }

Balt. City Jail,

Cause of Death, { First (Primary),
Second (Immediate), }

Consumption,
3 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, March 16 1877

J. H. Henck. M. D.
Medical Attendant.

{ Undertaker, John J. Gohrmayer
Place of Business, 12 E. Co. Greenmount Ave
& Monument St

Address 75 E. 1st Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16321

OFFICE OF REGISTRAR OF VITAL STATISTICS



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accompanied by the body, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 14th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Francis Brewer Shipley*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *Two* Years, *Two* Months, *—* Days.

Color, *White* Sex, *—*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *48, Division St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Congestion of Brain*

Duration of Last Sickness, *about five hours*

All the above information should be furnished by the Physician.

Place of Burial, *Belts Landing*

Date of Burial, *Baltimore Co* *March 16. (by rail)* *Samuel H. Henry* M. D. Medical Attendant.

{ Undertaker, Place of Business, } *C. H. Shyrd* Address *198, Druid Hill Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcript 718)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16302

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male ~~or Female~~

Cross out the word not required in this line.

Age,

Years,

Months,

Days

Color,

Sex,

~~Married, Single, Widow or Widower~~

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

C. M. Schutte Jr. M. D.
Medical Attendant

Address *S. W. cor. 7th St & Canton Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 15th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Rebecca V. Hull.*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *5* ~~7~~ Years, *11* Months, *19* Days.

Color, *White.*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Fredrick Co Maryland -*

Duration of Residence in the City of Baltimore, *Ten Years.*

Place of Death, { Give street and number. } *25 Scott St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Congestion of the Lungs
Pneumonia*

Duration of Last Sickness, *Ten days*

All the above information should be furnished by the Physician.

Place of Burial, *St. A. B. Cemetery, Fredrick Co. Md.*

Date of Burial, *Mar 17 77*

St. A. B. Bell, M. D.
Medical Attendant.

{ Undertaker, *A. Anderson & Son* Address *161 Sharp St.*

{ Place of Business, *No 212 Light St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 7201

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16324

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15 March 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Maria Borchers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 7 Months, 1 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 195 Howard St

Cause of Death, { First (Primary), Second (Immediate), } Scarlatina, Medulla
Spinal Meninge

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral

Date of Burial, Mar 18th 1877

Undertaker, C. Wiegand

Place of Business, 58 Druid Hill Ave

Address 1217 N. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 16328

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 14, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Rosanna Wagner.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female.

Age, 61 Years, 5

Months, 24 Days.

Color,

White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Married.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Westmoreland Co. Pa.

Duration of Residence in the City of Baltimore,

17 Years.

Place of Death, { Give street and number. }

No. 108 N. Exeter St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Enteritis.
Intussusception.

Duration of Last Sickness,

3 Days.

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, March 16th 1877

Undertaker, Wm. Hickman

Place of Business, 234 N. Gay St.

Address 224 Carrollton Ave.

J. F. Powell

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 13th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Emma Edwards*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *17* Years, Months, Days.

Color, *Colored* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *No 106 Eason St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption 3 months*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Larch Cemetery*

Date of Burial, *March 14th 1877*

{ Undertaker, William. A. Dungee Place of Business, 104. East St. }

W. S. Nelson M. D. Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 13th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Robertson Clark*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *42* Years, Months, Days.

Color, *Natural* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Railroad Porter*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *42*.

Place of Death, { Give street and number. } *23 Chew St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis*

Duration of Last Sickness, *6 Months*

All the above information should be furnished by the Physician.

Place of Burial, *Saint Vinc. Cemetery.*

Date of Burial, *March 16th 1877.*

A. E. Stein, M. D.
Medical Attendant.

{ Undertaker, *William A. Dungee.* Address *195 N. Eolus*

{ Place of Business, *104 East St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Elise Puhlmann~~ March 15th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elise Puhlmann
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
Age, 2 Years, 6 Months, — Days.
Color, white Sex, female
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, —
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. Md.
Duration of Residence in the City of Baltimore, lifetime
Place of Death, { Give street and number. } 15 Greenmount Avenue.
Cause of Death, { First (Primary,) } hooping cough
{ Second (Immediate,) } Pneumonia
Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Alphons Cemetery
Date of Burial, March 16th 1877
{ Undertaker, J. C. Schultze } Dr. Salzer M. D. Medical Attendant.
{ Place of Business, 261 E. Monument St } Address 165 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 15th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Susan Kemp*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *40* Years, *—* Months, *—* Days.

Color, *Cal* Sex, *Female*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *Costum Tailor Co Maryland*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Costum Tailor Co Maryland*

Duration of Residence in the City of Baltimore, *Five Years*

Place of Death, { Give street and number. } *No 80 Paper St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*

Duration of Last Sickness, *10 months*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *March 16th 1877*

{ Undertaker, Place of Business, } *Wm James Gray 65 Mulberry St*

Address *618 W Balt St*

Wm J. McCombs M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 14th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Fredrick Kimmelman*
Sex, Male or Female, { Cross out the word not required in this line. } *male*
Age, *1* Years, *2* Months, *14* Days.
Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *since born*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Trinity Lutheran Cemetery*

Date of Burial, *March 16th*

Undertaker, *Geo Schelling*

Place of Business, *Highgate Monument*

Address *27 N. Broadway*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16331

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 15th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joseph A. White*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *3* Years, *12* Months, *12* Days.

Color, *White* Sex, *Male*

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *No 58 Minetta St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *St Alphonsus*

Date of Burial, *March 17 1877*

L. C. Burch M. D.
Medical Attendant.

{ Undertaker, *C. F. Krause* Place of Business, *209 Hanover St* Address *141 Hanover St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *16332*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth J. Morris

~~Sex, Male or~~ Female, { Cross out the word not required in this line. }

Age, *3* Years,

3 Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baba Sh. Locust. Point.

Duration of Residence in the City of Baltimore,

During life time

Place of Death, { Give street and number. }

Same as birth

Cause of Death, { First (Primary),
Second (Immediate), }

Scarlatina Maligna

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Cemetery*

Date of Burial, *May 17th 1877.*

Undertaker, *Leonard Turner*

Place of Business, *S. Bond Street*

R. W. Mansfield M. D.
Medical Attendant.

Address *117 S. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16333

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 16th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ella Kelly

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

14

Months,

Days.

Color,

white

~~Married~~, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

201 Ramsey

Cause of Death,

First (Primary).

Second (Immediate).

Whooping Cough
Convulsions

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician

Place of Burial,

St. Peter's Church

Date of Burial,

Mar. 16th 1877

~~Undertaker~~

Martin Kelly

~~Place of Business~~

Father

Address

279. W. Lombard

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Bondy

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 Years, Months, Days.

Color, (Colored)

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Sundress

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Kent Island Maryland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number } 47 Burgundy alley

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician

Place of Burial, Kent Island, Md.

Date of Burial, March 18th

{ Undertaker, J. Davis

{ Place of Business, 103 Lee St

O. A. Lake

M. D.

Medical Attendant.

Address Co. Lee, & Son

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

(Transit 719)

Board of Health, City of Baltimore,

Permit No. 16335

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 16th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sophia Reif

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years,

Months, 27

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

22 years

Place of Death, { Give street and number. }

76 Fredk Avenue

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthisis Pulmonalis
18 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

March 18th 1877

{ Undertaker,

John Paulus

{ Place of Business,

66 Fredk Avenue

Address

584 W. Gay St

J. J. Hutchinson M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11.336

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11.336 March 15, 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Martha Robinson
 Sex, Male or Female, { Cross out the word not required in this line. } Female.
 Age, 20 Years, Months, Days.
 Color, Colored
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Richmond Va
 Duration of Residence in the City of Baltimore, 8 years.
 Place of Death, { Give street and number. } 43 So Caroline St
 Cause of Death, { First (Primary.) Bright's dis Kidney's
 { Second (Immediate.) }
 Duration of Last Sickness, 6 Mo.
 All the above information should be furnished by the Physician.
 Place of Burial, Laurel Cemetery
 Date of Burial, March 1877
 Undertaker, Theo Locks
 Place of Business, 59 So Wolfe St
 Address, 77 So. Broadway
 L. J. Wilkins M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16337

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 16 - 1877 3 24 P. M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Edmund Bellman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 2 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 343 E. Pratt St

Cause of Death, { First (Primary,) Malignant Scarlet Fever
Second (Immediate,) }

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cem

Date of Burial, Mar 17 1877

Undertaker, Ma Dwyer

Place of Business, 74 S B'wy

Address 343 E. Pratt St

James C. Dwyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No.

16338

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 16th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henry Rumney

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

6 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

117 N. Paca St

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Inflammation of Bowels

Duration of Last Sickness,

2 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Couden Park

Date of Burial,

Sunday 19th

{ Undertaker,

J. W. Weaver

{ Place of Business,

429 North Paca St

Address

J. H. Rumney M. D.
Medical Attendant.
76 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16339*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 16 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Harrison*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *47* Years, _____ Months, _____ Days.

Color, *white* Sex, *male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *married*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Yorshire England.*

Duration of Residence in the City of Baltimore, *17 years*

Place of Death, { Give street and number. } *Cor Castle & Pratt Sts*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis*

Duration of Last Sickness, *Sixteen months*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *Mar 18th 1877*

{ Undertaker, Address } *Hughes & Co. Cor Broadway & Pratt Sts*

{ Place of Business, } *65 S. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16340*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate and true, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 16th 77.*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Dorothea Thiernau*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *54* Years, *8* Months, *29* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Bremen*

Duration of Residence in the City of Baltimore, *Two Years*

Place of Death, Give street and number. *cor. Mount & Pratt.*

Cause of Death, First (Primary), *Dysentery*
Second (Immediate), *Typhoid*

Duration of Last Sickness, *12 days.*

All the above information should be furnished by the Physician.

Place of Burial, *London Park.*

Date of Burial, *March 18th 77.*

Undertaker, *John P. Paulus.*

Place of Business, *66 Frederick St.*

Louis B. Horn

M. D.

Medical Attendant.

Address *226 Mulberry St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

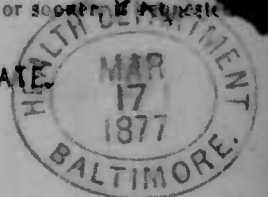
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if possible, so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mr. Thomas Spencer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 Years, 4 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 239 Q. Eglar St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 239 Q. Eglar St

Cause of Death, { First (Primary.) Acute Myocarditis Second (Immediate, 3 weeks

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, 18th March Geo. H. Pugh M. D. Medical Attendant.

{ Undertaker, Doyle

{ Place of Business, 103. Levee Address 645 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16342

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, 15th March 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Jones

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Colo 1 Years, 2 Months, — Days.

Color, Colo

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore, City

Duration of Residence in the City of Baltimore, Continued

Place of Death, { Give street and number. } 255 S. Eutaw Street

Cause of Death, { First (Primary,) Second (Immediate,) } Pulmonary Congestion

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 15th Mar

{ Undertaker, J. Davis

{ Place of Business, 103 2nd St

Levin D. Dyer

M. D.

Medical Attendant.

Address 146 Hill Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16343*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accompanied by the death record, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frederick S. Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

48

Years,

Months,

Days.

Color,

White

Married, Single, Widower or ~~Widow~~, { Cross out the words not required in this line. }

Occupation,

Paper Hanger

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Philadelphia Pa -

Duration of Residence in the City of Baltimore,

16 years

Place of Death, { Give street and number. }

748 St. Baltimore St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Pneumonia

Typhoid Pneumonia
about 10 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Western Cemetery

Date of Burial,

Monday 19th 77

Elias C. Price & Son

M. D.

Medical Attendant.

Undertaker,

John H. Weaver

Place of Business,

222 W. Fayette St.

Address

262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16344

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 18

Undertaker, Blackinton & Son

Place of Business, 606 W. Balto. St.

Address

J. W. O. C. C. C. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

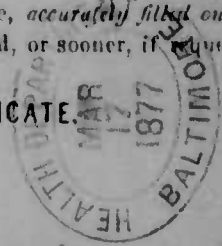
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 17* 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catherine Mantle*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *78* Years, Months, Days.

Color, *white*

~~Married~~, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *10*

Place of Death, { Give street and number. } *24. Orleans St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cancer*

Duration of Last Sickness, *One year*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 19th 1877*

Undertaker, *Wm. Fry*

Place of Business, *Broadway & Fayette*

J. J. Hoff M. D.
Medical Attendant
Address *137 Orleans St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16346*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Flora Keimman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Twenty four* Years,

Ten

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Lived with a distant relative, Assistant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

All her life

Place of Death, { Give street and number. }

711 W Baltimore St

Cause of Death, { First (Primary), Second (Immediate), }

Scarlet fever

Typhoid symptoms

Duration of Last Sickness,

Six days

All the above information should be furnished by the Physician

Place of Burial,

Balto Cemetery

Date of Burial,

March 17-1877

{ Undertaker,

J. B Cook

{ Place of Business,

707 W Balto St

Address

262 Madison St

Elias C Price

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 16, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Matilda Premier

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 57 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Widowed

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) } Norfolk, Virginia

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number } 182 N. Calvert Street.

Cause of Death, { First (Primary) } Pleuro Pulmonalis, { Second (Immediate) }

Duration of Last Sickness, Since February 1876

All the above information should be furnished by the physician

Place of Burial, Holy Cross Cemetery

Date of Burial, March 18th, 1877

Undertaker, J. W. Hughes

Place of Business, 60 E. Baltimore Address 16 Cor. Paca & Fayette St Baltimore City

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16348*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 16th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Eva A. Kraft*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *73* Years, Months, Days.

Color, *White* Sex, *Female*

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *618 W. Lombard St.*

Cause of Death, { First (Primary), Second (Immediate), } *Apoplexy*

Duration of Last Sickness, *Nine days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *March 18th 1877*

{ Undertaker, *J. B. Cook*
Place of Business, *No 707 W. Baltimore Street*

Address

538 W. Fayette St.

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *16349*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Mar 15 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Benjamin Hopkins*

Sex, Male or Female, Cross out the word not required in this line.

Age, *3* Years, *7* Months, Days.

Color, *Black* Sex, *Male*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Howard Co. Md.*

Duration of Residence in the City of Baltimore, *One year*

Place of Death, Give street and number. *23 Bruce St Vincent St*

Cause of Death, First (Primary,) Second (Immediate,) *Consumption of Lungs*

Duration of Last Sickness, *Six months*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *March 17th 1877*

James Bosley M. D.
Medical Attendant.

Undertaker, *Wm. D. Lungee*

Place of Business, *No 2 East St* Address *365 Hollins St Baltimore Md.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

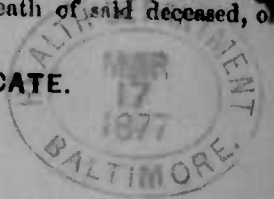
Permit No. 16357

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 16 - 1877.

Full Name of Deceased, { Writes legibly and spell correctly. If an infant not named, give names of parents. } Willie D. Isafney.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Two Years, Eleven Months, Days.

Color, Mailatto Sex, Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number. } 42 Stockton al.

Cause of Death, { First (Primary,) Second (Immediate,) } Scrophula.

Duration of Last Sickness, Asthenia.

one year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 17. 1877

{ Undertaker, Wm James Gray

{ Place of Business, 69 Albany St

John T. King M. D.
Medical Attendant.

Address Edmondson Ave
near Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11357

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Lauster

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 51 Years, Months, Days.

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 53 Lancaster St

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis pulmonalis

Duration of Last Sickness, eight weeks

All the above information should be furnished by the Physician

Place of Burial, Trinity City

Date of Burial, March 14th

Undertaker, J. H. Froelich

Place of Business, 246 Eastern Ave. Address 94 S. Broadway

A. F. Erich M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16352

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 16th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Ellen C. Kepler

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

4

Years,

1

Months,

23

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number }

No 8 Milliman St

Cause of Death,

{ First (Primary, }

{ Second (Immediate, }

Pneumonia

Duration of Last Sickness,

Seven days

All the above information should be furnished by the Physician

Place of Burial,

Balto Cemetery

Date of Burial,

Oct 18th

Undertaker,

W & L Watchman

Place of Business,

191 S Bond St

Address

137. Orleans St.

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16353

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16 March 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo Hapauer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 Years, 1 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 126 Canal St (M)

Cause of Death, { First (Primary) } Phthisis
{ Second (Immediate), }

Duration of Last Sickness, ab. 3 months.

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, Mch 18 1897

Undertaker, H Hapauer

Place of Business, Eden St Address 57 Arquist St

C. Hoffmann M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16354 ✓ OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Mar 15 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John James
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 25 Years, Months, Days.
Color, Black Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, Laborer
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prince Georges Co. Md
Duration of Residence in the City of Baltimore, 3 Years
Place of Death, { Give street and number. } Stoddard St. Also Franklin St
Cause of Death, { First (Primary, } Scrofula
{ Second (Immediate, } Consumption
Duration of Last Sickness, 2 Years
All the above information should be furnished by the Physician.
Place of Burial, anapilious junct
Date of Burial, March 17 1877
{ Undertaker, Wm A Dungee
{ Place of Business, No 104 East 80
Address, No 114 Arlington Ave
M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 721

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16355*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 16th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Philipp Siebert*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *1* Year, *10* Months, Days.

Color, *white* Sex, *female*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *lifetime*

Place of Death, { Give street and number. } *N 22 New Church St.*

Cause of Death, { First (Primary), Second (Immediate), } *Measles*
Pneumonia

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Dull Cemetery*

Date of Burial, *March 17th*

{ Undertaker, *G. Leimbach.*

{ Place of Business, *387 W. Pratt*

Henry Salter M. D.
Medical Attendant.

Address *168 W. Lombard*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *11356*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 16*

Full Name of Deceased, *Charles F. Zollman*

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, *Male*

Cross out the word not required in this line.

Age, *7*

Years,

Months, *14*

Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Cross out the words not required in this line.

Occupation,

Birthplace, *Balto. City*

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, *since Birth*

Place of Death, *243 E. Pratt St*

Give street and number.

Cause of Death, *Scarlatina Maligna*

First (Primary),
Second (Immediate).

Duration of Last Sickness, *12 Days*

All the above information should be furnished by the Physician.

Place of Burial, *M. A. Dargatz*

Date of Burial, *Mar. 17 1877*

Undertaker, *M. A. Dargatz*

Place of Business, *74 S. B. St*

Address *299 E. Baltimore St*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16357*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 17* 18*77*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Ann Montgomery*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, *53* Years, Months, Days.
Color, *white*
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland*
Duration of Residence in the City of Baltimore, _____
Place of Death, { Give street and number. } *106 N. Bond St*
Cause of Death, { First (Primary.) Second (Immediate.) } *Pneumonia*
Duration of Last Sickness, *17 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 18/77*

Undertaker, *Ch. Panning*

Place of Business, *136 E Fayette*

J. P. H. P.

M. D.

Medical Attendant

Address *137 N. Orleans St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 16358

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret A. Cole

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Fifty five Years,

Months,

Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } No 2 N. Green St

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) }

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 18 1877

{ Undertaker, C. H. Blizy and

{ Place of Business, Penna

J. H. P. M. D.

Medical Attendant.

Address N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16359

OFFICE OF REGISTRAR OF VITAL STATISTICS



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *S. P. M. 16th March, 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Christina Bauer*

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } *Female*

Age, *Eleven* Years, *Six* Months, *Twelve* Days.

Color, *White* Sex, *Female*

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } *Single*

Occupation, *School girl*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore County*

Duration of Residence in the City of Baltimore, *10 or 11 years*

Place of Death, { Give street and number. } *No 12 Penn St - Baltimore City.*

Cause of Death, { First (Primary), Second (Immediate), } *Heart Disease from Rheumatism*

Duration of Last Sickness, *About six months*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery* *Wm J. Brook* M. D. Medical Attendant.

Date of Burial, *March 18th*

{ Undertaker, *P. Kimmert* Address *83 Franklin St*
{ Place of Business, *317 Baltimore St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11360

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 16 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Arthur Jane Chapman
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 6 Years, 6 Months, 6 Days.
Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Arthur Chapman [OVER.]
Father

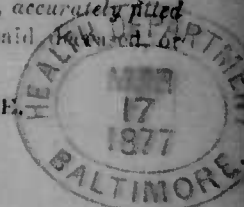
Board of Health, City of Baltimore.

Permit No. *16361*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 16th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John James Warner*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, _____ Years, *21* Months, _____ Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *City*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *299 Dallas St*

Cause of Death, { First (Primary), Second (Immediate), } *Typhoid menterica*

Duration of Last Sickness, *two or three several months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Mary's Cemetery*

Date of Burial, *March 18, 1877*

Undertaker, *Henry H. H. H.*

Place of Business, *309 Central Ave.*

Address *256 N. E. St*

J. A. Warner, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16362

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First (Primary,)
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Secret Society*

Date of Burial, *March 18 77*

Undertaker, *H. H. G. H. H. H.*

Place of Business, *188 Howard St*

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 17th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mariah Lemon*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *72* Years, *3* Months, *18* Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Widow*
Occupation, *Dom. sc. Keel.*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *60 years.*
Duration of Residence in the City of Baltimore, *24 Gittings St.*
Place of Death, { Give street and number. } *Phthisis Pulmonalis*
Cause of Death, { First (Primary,) Second (Immediate,) } *5 weeks*
Duration of Last Sickness, *5 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet cem.*
Date of Burial, *March 19th 1877*
{ Undertaker, *Charles F. Herold* Address *321 Light St.*
{ Place of Business, *161 Hammer St.*

J. E. Hamilton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *16364*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 18th 1877.*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Anna Freitag (or von Dooga)*
 Sex, Male or Female, { Cross out the word not required in this line. } *Female*
 Age, *Twenty five* Years, _____ Months, _____ Days.
 Color, *white*.

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 19th*

Undertaker, *Wendelin Luffell*

Place of Business, *Bond St 151 St.*

W. C. Ireland M. D.
 Coroner. E. D.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16365*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 18th*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Theodore Greasman*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *49* Years, *9* Months, *18* Days.
Color, *White* Sex, *Male*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*
Occupation, *Tailor*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*
Duration of Residence in the City of Baltimore, *24 years*
Place of Death, { Give street and number. } *No 8, E. Paca St*
Cause of Death, { First (Primary,) Second (Immediate.) } *Phthisis Pulmonali*
Duration of Last Sickness, *Two years*
All the above information should be furnished by the Physician.
Place of Burial, *Baltimore Cemetery*
Date of Burial, *March 20th 1899*
J. C. Burch M. D.
Medical Attendant.
{ Undertaker, *John Macher* Address *141 Hanover St*
{ Place of Business, *No 150 Cambridge*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16366

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 14th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Kavanaugh F. M. Clonan

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

54

Years,

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Blacksmith

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

94 Centre

Cause of Death,

First (Primary),

Second (Immediate),

Cancer of Omentum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

March 14th 1877

Undertaker,

John H. Weaver

Place of Business,

422 N. Fayette St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *163 67*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 14th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joseph Holmes (Parent)*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, *7* Days.

Color, *Mulatto* Sex, ~~male~~ *female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *No. 10 Shields al.*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *No. 10 Shields al.*

Cause of Death, { First (Primary,) *Catarh*
Second (Immediate,) *"*

Duration of Last Sickness, *7 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *March 18th 1877*

G. B. Gardner M. D.
Medical Attendant.

{ Undertaker, *Lozard* Address *120 W. Green st.*
{ Place of Business, *Pennsylvania av.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16368

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Inf. Oliver Holston

~~Sex~~, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

Years,

16 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

232 S. Ann St. Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Same as birth

Cause of Death, { First (Primary,) Second (Immediate,) }

Catarrhal Pneumonia

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel

Date of Burial,

March 12 1877

R. W. Mansfield

M. D.

Medical Attendant.

{ Undertaker,

Wm. Fay

{ Place of Business,

54 W Broadway

Address

117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16369*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 18th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Katie Butkew*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Yrs. 10* Months, *One (1)* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto. Md.*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *No. 112 Mullikin St.*

Cause of Death, { First (Primary), Second (Immediate), } *Measles*
Pneumonia

Duration of Last Sickness, *One week.*

All the above information should be furnished by the Physician.

Place of Burial, *Fleet Street Burial Ground*

Date of Burial, *March 19th 1877*

Francis A. Sawyer M. D.
Medical Attendant.

{ Undertaker, *E. Wilson*

{ Place of Business, *No 88 North Bond St*

Address *S. E. Cor. Jefferson & Central Avenue.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. **16370**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **March 17th 77**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Joann Berliner Berliner**

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, **27** Years, Months, Days.

Color, **white**

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, **Porter**

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } **Balt**

Duration of Residence in the City of Baltimore, **all life**

Place of Death, { Give street and number. } **49 Watson St**

Cause of Death, { First (Primary,) **Of Unsound mind for many years (Imbecile)**
Second (Immediate,) **Suicide by taking phosphorus**

Duration of Last Sickness, **5 hours ! Coroner J. J. V. ...**

All the above information should be furnished by the Physician.

Place of Burial, **Loyd St Cemetery**

Date of Burial, **March 19th 77** **Edmund R Walker** M. D. Medical Attendant.

{ Undertaker, **Y. E. Eilau** Address **Coroner in P. D**
Place of Business, **101 Gough St**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16371*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 19*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Conrad Muech*

Sex, Male or Female, { Cross out the word not required in this line. } *male*

Age, *61* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Surveyor*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *30* Years

Place of Death, { Give street and number. } *239 S. Ave*

Cause of Death, { First (Primary), Second (Immediate), } *Tubercular (Heart disease)*

Duration of Last Sickness, *One year*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Cemetery*

Date of Burial, *20 March 1888* *James E. Drommille* M. D.
Medical Attendant.

Undertaker, *John P. Thum*

Place of Business, *265 Murray St*

Address *299 E. Baltimore St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *11372*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar. 18. 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Cora. V. Taylor*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *7* Years, *7* Months, Days.

Color, *Colored* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *7 mos*

Place of Death, { Give street and number. } *44. Hunter St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Convulsions & Exhaustion*

Duration of Last Sickness, *1 day*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *19 March 2 O'clock* *W. B. O'Brien* M. D. Medical Attendant

{ Undertaker, *George C. Rodenmayer* Address *235 N. Broadway.*
Place of Business, *38 E. Market St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. **16373**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **March 17th 1877**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Isabella Sabler**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } **Female**

Age, **2** Years, **8** Months, **10** Days.

Color, **White**

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, **Pastr.**

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } **Pastr.**

Duration of Residence in the City of Baltimore, **during life**

Place of Death, { Give street and number. } **152 Division D.**

Cause of Death, { First (Primary,) **Scarlatina**
Second (Immediate,) **Convulsions** }

Duration of Last Sickness, **24 hours**

All the above information should be furnished by the Physician.

Place of Burial, **St Peter's Ceme**

Date of Burial, **March 19th**

{ Undertaker, **C. H. Blizzard,**
Place of Business, **201 Pen an** }

Louis L. Von M. D. Medical Attendant.

Address **226 Mulberry St.**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this



Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16374*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 18th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mrs Anne Church*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *48* Years, Months, Days.
Color, *White* Sex, *Female*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Widow*
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Massachusetts*
Duration of Residence in the City of Baltimore, *Sixty years*
Place of Death, { Give street and number. } *Resident Howard Park Ave*
Cause of Death, { First (Primary,) Second (Immediate.) } *Cancer Constitutional Weakness*
Duration of Last Sickness, _____
All the above information should be furnished by the Physician.
Place of Burial, *Green Mount* *Edw. H. White* M. D.
Date of Burial, *March 20th 1877* Medical Attendant.
{ Undertaker, *Robert Rummel* Address *109 N. Ches Street*
Place of Business, *10 N. 4th Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. *14378*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 19th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *J. W. & Caroline Murray*
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, _____ Years, _____ Months, *18 hours*
Color, *Blk*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *57 Lyson St*
Cause of Death, { First (Primary,) Second (Immediate,) } *Asthenia*
Duration of Last Sickness, *Life*
All the above information should be furnished by the Physician
Place of Burial, *H. Public Cemetery*
Date of Burial, *March 19th 1877*
{ Undertaker, M. H. C. Perry Place of Business, Pratt St }
Address *Commiss of Health & Registrar*
James A. Stearns M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *J. W. Murray - Father* [OVER.]

Board of Health, City of Baltimore,

Permit No. 11376

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 18th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catherine Maxwell*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *44* Years, Months, Days.

Color, *white* Sex,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *none*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Massachusetts*

Duration of Residence in the City of Baltimore, *40 years*

Place of Death, { Give street and number. } *Falls Road & Townsend St*

Cause of Death, { First (Primary,) *Consumption*
Second (Immediate,) }

Duration of Last Sickness, *Six months*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cem.*

Date of Burial, *Tuesday March 20th 1877* *Chas Sawcett* M. D.
Medical Attendant.

{ Undertaker, *Chas. Swinn*
Place of Business, *Cor. Calver & Rose St* Address *92 Mosler St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16377.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Peter
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 43 Years, 7 Months, 15 Days.
Color, Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Taylor
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany
Duration of Residence in the City of Baltimore, 23 years
Place of Death, { Give street and number. } 83 S. Chapel St
Cause of Death, { First (Primary), Consumption.
{ Second (Immediate), Inanition.
Duration of Last Sickness, 7 months.
All the above information should be furnished by the Physician.
Place of Burial, St. Matthews Cemetery
Date of Burial, March 20th 1877.
Undertaker, C. Eckhart
Place of Business, 269 Canton Avenue
Address, 137 N. Fayette St
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. *11378*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Feb. 18. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Madgie Stuck*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *2* Years, *3* Months, *1* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *all her life*

Place of Death, { Give street and number. } *26 E. Monument St.*

Cause of Death, { First (Primary,) *Said to be Hooping Cough*
Second (Immediate,) *Apparently Bronchitis Complicated Hooping Cough*

Duration of Last Sickness, *Said to be 3 or 4 weeks. Only seen the child when moribund.*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount.*

Date of Burial, *March 19th 1877* *Wm. Carey Thomas* M. D.
Medical Attendant.

{ Undertaker, *Wm. H. Rickman*
Place of Business, *234 E. Gay St.* Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. *16379*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 18th 1877.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents.

Samuel. elijah McKenzie

Sex, Male or Female, Cross out the word not required in this line.

Age, *1* Years,

9 Months,

18 Days.

Color, *White*

Sex, *Male*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

57 Frederick Av

Cause of Death, First (Primary),
Second (Immediate.)

Capillary Bronchitis

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet*

Date of Burial, *March 19th 1877*

J. W. C. Cuddy M. D.
Medical Attendant.

Undertaker, *Gas Lane*

Place of Business, *568 W Balto St* Address

363 Frank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16380

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 18, 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Emma Bauer*
Sex, ~~Male~~ Female, { Cross out the word not required in this line. } *Female*
Age, *4* Years, *8* Months, *18* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16381*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 18th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Cecilia Jane*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *29* Years, Months, Days.

Color, *Brown* Sex, *Married*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Cook*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Queen Anne's Co.*

Duration of Residence in the City of Baltimore, *Two months*

Place of Death, { Give street and number. } *25 Bolton alley*

Cause of Death, { First (Primary), Second (Immediate), } *Tuberculosis Typhoid Fever*

Duration of Last Sickness, *four weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Central Cemetery* *Siegar Baldwin* M. D.

Date of Burial, *March 19 1877* Medical Attendant.

{ Undertaker, *Dunbar* Address *150 Lombard St.*

{ Place of Business, *No 104 East St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11,382

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 17.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth ~~Sumner~~ Dmalls

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

52.

Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Dress Maker

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balparaiso, S. America

Duration of Residence in the City of Baltimore,

14

Years

Place of Death,

{ Give street and number. }

91. Lexington

Cause of Death,

{ First (Primary.) }

Phthisis

{ Second (Immediate.) }

paralysis

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Annaopolis

Date of Burial,

March 20, 1877

Theron Cook

M. D.

Medical Attendant.

{ Undertaker,

Stewart & Mann

{ Place of Business,

31 Park Ave

Address

146. Newcom

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 722

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 16th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie T. N. Lewis
Sex, Male ~~Female~~, { Cross out the word not required in this line. }
Age, 9 Years, 7 Months, 7 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltr. City
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } 116 Gough St.
Cause of Death, { First (Primary,) Meningitis & Cerebral
{ Second (Immediate,) }
Duration of Last Sickness,

All the above information should be furnished to the Physician.

Place of Burial, St. Patrick's Cemetery
Date of Burial, March 19th 1877
Undertaker, W. C. Dainger
Place of Business, 74 S. Broadway
Address Edw. M. Calvert & Read St.
John F. Monmouth M. D. Medical Attendant.

Extract from Regulation of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 18th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Nicolaus Gallen

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

44

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Laborer

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Bavaria, Germany

Duration of Residence in the City of Baltimore,

eleven years

Place of Death,

Give street and number.

436 Canton Av.

Cause of Death,

First (Primary).

Cancer of stomach

Second (Immediate).

Exhaustion

Duration of Last Sickness,

four months

All the above information should be furnished to the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

March 20th 1897

Undertaker,

J. H. Gibmeyer

Place of Business,

341 Canton Av.

Address

12 N. E. St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16385

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 19, 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *George Schneider*

Sex, Male or Female, Cross out the word not required in this line. *Male*

Age, *55* Years, Months, Days.

Color, *White* Sex, *Male*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, *Laborer*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Germany 31 yrs in U.S.*

Duration of Residence in the City of Baltimore, *16 yrs*

Place of Death, Give street and number. *St. Elizabeth's Hospital*

Cause of Death, First (Primary,) Second (Immediate,) *Cancer of Orbit Apoplexy*

Duration of Last Sickness, *5 or 6 mcs*

All the above information should be furnished by the Physician.

Place of Burial, *St. Annes Cemetery*

Date of Burial, *March 20*

Undertaker, *Ch. Hanning*

Place of Business, *136 E. Fayette*

Address, *185 N. Calvert St.*

Oscar J. Costello M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Thomas Hickley
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 36 Years Months, Days.
Color, White Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, New Paper Ggt
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, about Thirty Six Years
Place of Death, { Give street and number. } Camden Depot, B & O Road
Cause of Death, { First (Primary,) Accident, Car crushing both legs.
{ Second (Immediate,) Shock & Hemorrhage.
Duration of Last Sickness, 72 Hours

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery S. W. Wall
Date of Burial, 20th March 1877
{ Undertaker, Hy W Jenkins & Son Address
{ Place of Business, 16 Light St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *11387*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *15th March*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Rebecca Jane Bull*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *16* Years, *4* Months, *11* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *6th District, Baltimore Co.*

Duration of Residence in the City of Baltimore, *5 Mos.*

Place of Death, { Give street and number. } *No 45 Whatcoat St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Gastro-enteritis*
Debility

Duration of Last Sickness, *Seven Months!*

All the above information should be furnished by the Physician.

Place of Burial, *London Park* *I attended the case only 9 days. Although there was improvement the vital power was dissipated by previous treatment.*

Date of Burial, *March 19th 1877* *Charles A. Seiger.* M. D. Medical Attendant.

Undertaker, *C. H. Blizyard* Address *No. 267 Grand Hill Av.*
Place of Business, *Lenox Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16388

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 18th 1879.*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Catherine Schults*

Sex, ~~Male~~ or Female, Cross out the word not required in this line. *Female*

Age, *24* Years, Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, *None*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Bohemia*

Duration of Residence in the City of Baltimore, *Ten Years*

Place of Death, Give street and number. *Bohio. 40121 Linden Ave.*

Cause of Death, First (Primary), Second (Immediate.) *Phthisis*

Duration of Last Sickness, *Two Years*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *March 20th*

Undertaker, *H. Kroetz*

Place of Business, *Central Ave.*

for answers to Enqs

Alon R. Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida May Freeman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 5 Years, 8 Months, 15 Days.

Color, white

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 31 Wausch

Cause of Death, { First (Primary,) Second (Immediate,) } Scarlatina Maligna
Scarlat. poisoning

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, March 20th 1877

W. H. Kemp M. D.
Medical Attendant.

{ Undertaker, P. Kummer

{ Place of Business, 317 N. Calver St. Address 55 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16390*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Augustine Rice

Sex, Male or Female, { Cross out the word not required in this line. }

female

Age,

1

Years,

1

Months,

12

Days.

Color,

white

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

219 Maderie Alley. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

219 Maderie Alley. Baltimore

Cause of Death, { First (Primary,) Second (Immediate,) }

Measles

Meningitis tuberculosa

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial, *St. Elfonse*

Date of Burial, *March 20th*

{ Undertaker, *John Brown*

{ Place of Business, *No 77 Wolfe St*

Dr. T. Suchan M. D.
Medical Attendant.

Address *134 East. Ave. Bal*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *11391*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 18th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Anna Jean*
Sex, ~~Male~~ Female, { Cross out the word not required in this line. } *Female*
Age, *Five* Years, *—* Months, *—* Days.
Color, *White*

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }
~~Occupation~~

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Baltimore City*

Place of Death, { Give street and number. }

No 396 Mechanic St

Cause of Death, { First (Primary.)
Second (Immediate.) }

Scarlet Fever

Duration of Last Sickness,

Five days

All the above information should be furnished by the Physician.

Place of Burial, *St Alfonso*

Date of Burial, *March the 19th*

Thomas J. Evans

M. D.

Medical Attendant.

Undertaker, *John Brown*

Place of Business, *No 77 Wolfe St*

Address *No 18 Jackson Square*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. *16392*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 19th 1877.*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Hattie Jones.*
 Sex, Male or Female, { Cross out the word not required in this line. } *Female*
 Age, *mm* Years, *Eight* Months, *mm* Days.
 Color, *White*
 Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, *mm*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *City & Md.*
 Duration of Residence in the City of Baltimore, *184 S. Washington St.*
 Place of Death, { Give street and number. } *184 S. Washington St.*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Intentional Convulsions*
 Duration of Last Sickness, *3 days.*

All the above information should be furnished by the Physician

Place of Burial, *Schwartz's Church*
 Date of Burial, *March 21st 1877*
 { Undertaker, *H. Froehlich* }
 { Place of Business, *Eastern Ave* }
D. C. Ireland. M. D.
Coroner & Co. Medical Attendant.
 Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

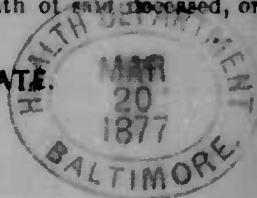
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16393*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 19th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Chas. W. Marvel*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *4* Years, *4* Months, Days.

Color, *W* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto Md*

Duration of Residence in the City of Baltimore, *4 yrs 7 mos*

Place of Death, { Give street and number. } *30 Albemarle St.*

Cause of Death, { First (Primary,) *Scarlatina Mucilloza*
Second (Immediate,) *Asphyxia from Entanglement. Admitted*

Duration of Last Sickness, *24 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Airy*

Date of Burial, *March 21st 1877*

{ Undertaker, *Smith & Co*

{ Place of Business, *263 Light St*

Chas. W. Marvel M. D.
Medical Attendant.

Address *87 E. Balto Md*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

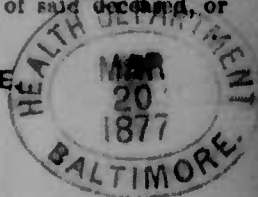
Board of Health, City of Baltimore,

Permit No. 16394

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, March 18 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Benjamin Nigby
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 2 Years, 11 Months, 13 Days.
Color, Colored Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, 2 1/2 Years 18 Mo
Place of Death, { Give street and number. } 111 Arch St
Cause of Death, { First (Primary, } Whooping Cough
{ Second (Immediate, } Pathetic Pneumonia
Duration of Last Sickness, 3 Months
All the above information should be furnished by the Physician.
Place of Burial, Sharp Cemetery
Date of Burial, March 20 1877
Medical Attendant, J. A. Smith M. D.
{ Undertaker, W. H. Chase } Address 217 N. Greene St
{ Place of Business, 193 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16395*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *March 18th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Rebecca Lewick.*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *73* Years, _____ Months, _____ Days.

Color, *White* Sex, *Female*

~~Married~~, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Fairfield N. I.*

Duration of Residence in the City of Baltimore, *6 years*

Place of Death, { Give street and number. } *718 Pratt St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Senile Decay*

Duration of Last Sickness, *About 3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *March 20th 1877*

{ Undertaker, *F. M. Toll*

{ Place of Business, *90 S. Howard St.*

Benjamin Whitley M. D.
Medical Attendant

Address *"Balt. Cent. Disp."*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16396*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

18th March 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Edward A. Smith

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

2

Years,

11

Months,

Days.

Color,

white

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Burgundy, Ill.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

251 Q. Park St

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, *Western Cemetery*

Date of Burial, *March 20th 1877*

Geo. H. Benson

M. D.

Medical Attendant.

{ Undertaker, *B. A. Tull*

{ Place of Business, *90 S. Howard*

Address

144 S. Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 19th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frank Stewart Brown.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

14 Months,

23 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

231 Franklin St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Pneumonia.

Duration of Last Sickness,

Six Weeks

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

March 20 1877

{ Undertaker,

John C. Jordan

{ Place of Business,

Park St

John Pennington

M. D.

Medical Attendant.

Address 78 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16398

OFFICE OF REGISTRAR OF VITAL STATISTICS



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar. 19th, 1877.*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Eva Miller.*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female.*
Age, *20* Years, *1* Months, *27* Days.
Color, *White* Sex, *Female*
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single.*
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md.*
Duration of Residence in the City of Baltimore, *Lifetime*
Place of Death, { Give street and number. } *13 Pennsylvania St.,*
Cause of Death, { First (Primary,) Second (Immediate,) *Bright's Disease,*
Redden of the Lungs,
Duration of Last Sickness, *about seven months since recognised,*
All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*
Date of Burial, *March 21st 1877* *H. K. Fetterhoff* M. D.
Medical Attendant.
{ Undertaker, *John Schach*
{ Place of Business, *No 150 Camden St.* Address *77 George St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16399*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 19th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Carrie Abbott*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *19* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt^y City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *180 Lee St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Gastritis*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Bald Cemetery*

Date of Burial, *March 21*

{ Undertaker, *Mr. J. Ticker*

{ Place of Business, *65 S. Eutan*

S. A. Bell M. D. Medical Attendant.

Address *161 Sharp St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 164011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th March 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Jones
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, Years, 80 Months, Days.
 Color, Black Sex, Male
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
 Occupation, Host
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
 Duration of Residence in the City of Baltimore, 80 yrs
 Place of Death, { Give street and number. } near 1280 N. Y St
 Cause of Death, { First (Primary,) Consumption
 { Second (Immediate,)
 Duration of Last Sickness, 2 months
 All the above information should be furnished by the Physician.
 Place of Burial, E. Pub. Cemetery Richd Sappington M. D.
 Date of Burial, Mar 20th 1877
 { Undertaker, C. Shaffer Address 132 N. Bay St
 { Place of Business, E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *16401*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 19th '77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Lusan Schofield*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *45* Years, Months, Days.

Color, *White* Sex,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *32 years*

Place of Death, { Give street and number. } *S. West, cor. Pratt & Hanover*

Cause of Death, { First (Primary,) Second (Immediate.) } *Typhoid Fever*

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Old Cathedral Cem. The Monis*

Date of Burial, *March 21, 1877* 5 *Hankin* M. D. Medical Attendant.

{ Undertaker *Gas P. Byrne* Address
{ Place of Business, *63 N. Front St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. *16402*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 20th 77.* *10 o'clock in the morning.*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *John Kissler.*

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, *58* Years, *4.* Months, Days.

Color, *White.*

Married, ~~Single~~, ~~Widow~~, ~~Widower~~, Cross out the words not required in this line. *since February 15th 1847.*

Occupation, *Cooper.*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Attenbreitungen (Sachsen-Meiningen - Germany)*

Duration of Residence in the City of Baltimore, *22 years.*

Place of Death, Give street and number. *14 Frederick Avenue*

Cause of Death, First (Primary),
Second (Immediate), *Typhoid Fever*

Duration of Last Sickness, *4 weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *March 21. 1877.*

Undertaker, *John P Paulus*

Place of Business, *No. 26 Frederick St*

J. C. Pinckard M. D.
Medical Attendant.

Address *741 W. Lombard St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16403*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 19th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Harry Johnson*
 Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
 Age, *5* Years, *5* Months, Days.
 Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *M. E. P. Cem.*

Date of Burial, *March 20th 1877*

{ Undertaker, *Mr. Fry*
 Place of Business, *54 W. Broadway*

Address

James A. Stearns, M. D.
Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16404*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 19th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

J. Douglass Hambleton

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

39

Years,

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married

Occupation,

Attorney at Law

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

No. 24 N. Calhoun St.

Cause of Death,

{ First (Primary, }

Second (Immediate, }

Pulmonary tuberculosis

Asthma

Duration of Last Sickness,

About 6 months

All the above information should be furnished by the Physician.

Place of Burial,

Green Int. Cemetery

Date of Burial,

March 21st 1877

{ Undertaker,

H. A. Jenkins & Son

{ Place of Business,

16 Light St.

Address

No. 10 N. Calhoun St.

W. W. Murray

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16405*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Geo. Lang

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

3

Years,

8

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balti Md

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

146 Stockton St

Cause of Death, { First (Primary,) }

Dysentery Chronic

{ Second (Immediate,) }

Meningitis Acute

Duration of Last Sickness,

2 Days

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

H. S. Latimer

M. D.

Date of Burial, *March 21st 1877*

Medical Attendant.

{ Undertaker, *Andrew Leitz*

Address

248 Madison Ave

{ Place of Business, *118 Druid Hill Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16406

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 19, 1877
David Stevens

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 73 Years,

Months, Days,

Color,

White

Married, Single, Widower or Widowed, { Cross out the words not required in this line. }

Occupation,

Mechanic
Connecticut

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

20 years

Place of Death, { Give street and number. }

46 Columbia av

Cause of Death, { First (Primary),
Second (Immediate). }

Pneumonia

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 20

H. B. Noble M. D.
Medical Attendant.

Undertaker, Blackiston & Son

Place of Business, 606 W. Baltimore St.

Address

17 Hanan av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 19 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents }

John C. Cook

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

Months,

1 1/2 hours

Color,

Negro

Sex,

Male

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Profession,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

25

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

25 Norris Alley

Cause of Death,

{ First (Primary,)

{ Second (Immediate,)

Asphyxia from natural causes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

March 20 1877

Undertaker,

Wm. W. Bishop Jr.

Place of Business,

113 Druid Hill Ave.

W. A. B. Sullivan

M. D.

Medical Attendant.

Address

Laurel & Hamilton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16408*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 17*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joseph Carter*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *21* Years, *21* Months, *2* Days.

Color, *Black*

~~Married, Single, Widow or Widower~~ { Cross out the word not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *all its life*

Place of Death, { Give street and number. } *2 Brewer's Alley*

Cause of Death, { First (Primary,) *Capillary Catarrh* }
{ Second (Immediate,) _____ }

Duration of Last Sickness, *Her father says 1 week, from within attendance.*

All the above information should be furnished by the Physician.

Place of Burial, *Small Cemetery*

Date of Burial, *March 20th 1877*

{ Undertaker, *Wm. H. Bishop* }
{ Place of Business, *103 South Hill St.* }

Address *50 N. Green St.*

H. H. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16409*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested, so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 18. 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Edward Plummer*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *72* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word is not required in this line. } *Married*

Occupation, *Carpenter*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *Eleven years*

Place of Death, { Give street and number. } *31 Georg. St*

Cause of Death, { First (Primary,) Second (Immediate,) } *General Ataxia*
Inanition

Duration of Last Sickness, *Five months. I saw him first, only 8 or 10 days ago*

All the above information should be furnished by the Physician

Place of Burial, *Cambridge, Md*

Date of Burial, *March 21st 1877*

Wm M Kemp M. D.
Medical Attendant.

Undertaker, *Jacob Warner*

Place of Business, *No 4+6 Druid Hill Avenue*

Address *55 Wygreen St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Warner 723

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16.7/10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Kelly

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Male

Age, _____ Years, _____ Months, 18 Days.

Color, White Sex, Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 18 days.

Place of Death, { Give street and number. } 163 W. Lombard St.

Cause of Death, { First (Primary,) Malnutrition
Second (Immediate,) Pulm. Collapse

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Bonny Brea

Date of Burial, Mch 20th 1877

{ Undertaker, Parents Address 248 Madison Ave

{ Place of Business, _____

Thos. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16411*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 19th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs. Orney Gillen

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age,

45 Years,

Months,

Days.

Color,

white

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

28 years

Place of Death, { Give street and number. }

88 Pine

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Chronic Disease of the Liver

Abdominal Dropsy

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician

Place of Burial,

St. Peter's Cemetery

Date of Burial,

March 21st 1877

Edw. J. McHolman

M. D.

Medical Attendant.

{ Undertaker,

Joseph F. Byrne

Address

279 W. Lombard

{ Place of Business,

59 Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16412

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Strong

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, 1 Years, 10 Months, — Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City
Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 124 Mc Elderry St. Cat

Cause of Death, { First (Primary.) Second (Immediate.) } Asphyxiation
Spasms.

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician

Place of Burial, Dallas St B. G. James A. Strong M. D.

Date of Burial, March 21 1877

Undertaker, John M. Locks

Business,

Wolf St

Address

Commissioners of Health
Register

Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish to the Undertaker or other persons superintending the burial, a Certificate setting forth, in legible characters, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

Respectfully James Strong [OVER.]
Attorney

Permit No. 16413

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

19 March 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

8 weeks Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland Lying in Hospital

Duration of Residence in the City of Baltimore,

House

7 days

Place of Death, { Give street and number. }

St. Vincent's Infant Asylum

Cause of Death, {

First (Primary),

Marasmus

Second (Immediate),

Spasm.

Duration of Last Sickness,

when received

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

March 21. 1877

{ Undertaker,

Samuel Bowser

{ Place of Business,

18 Division St.

Marbury Brewin

M. D.

Medical Attendant.

Address 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *1164 1/2*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

20 March 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Romuel

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

3

Weeks

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Foundling

Duration of Residence in the City of Baltimore,

House

3 weeks

Place of Death, { Give street and number. }

St. Vincent's Infant Asylum

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus

Spasm

Duration of Last Sickness,

When received

All the above information should be furnished by the Physician.

Place of Burial, *Catharine Cemetery*

Date of Burial, *March 21. 1877*

{ Undertaker, *Sam'l Bowser*

{ Place of Business, *158 Division St*

Marbury Brewer

M. D.

Medical Attendant.

Address *201 W. Biddle*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11415

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 19th '77
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Stewart
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 36 Years, Months, Days.
Color, ~~Red~~ Sex,
Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }
Occupation, Housekeeper
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Leebing Va.
Duration of Residence in the City of Baltimore, 2 1/2 yrs.
Place of Death, { Give street and number. } 2 Brewster's alley
Cause of Death, { First (Primary,) Tuberculosis
Second (Immediate,) Exhaustion
Duration of Last Sickness, 1 yr.
All the above information should be furnished by the Physician.
Place of Burial, Cathedral Cemetery
Date of Burial, March 21st 1877
Undertaker, Wm James Gray
Place of Business, 65 Mulberry St.
M. D. H. J. Lockwood
Medical Attendant. B. L. G. D. W.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16416*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 18th 1894*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Eliza Freeman*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*
Age, *45* Years, *11* Months, *11* Days.
Color, *White* Sex, *Female*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, *Housewife*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore, Md.*
Duration of Residence in the City of Baltimore, *45 years*
Place of Death, { Give street and number. } *257 E. St.*
Cause of Death, { First (Primary,) Second (Immediate,) } *Cancer of Uterus*
Duration of Last Sickness, *About 6 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Lenox Park Cem*
Date of Burial, *March 21st 1894*
Undertaker, *Julius Koschke* Address, *175 N. E. Street*
Place of Business, *Box Sharp & Bros etc*
M. D. *Wm. C. Baughman*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16417

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 30th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Emilie Rausch*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *19* Years, *8* Months, *8* Days.

Color, *White.*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Housekeeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *since birth*

Place of Death, { Give street and number. } *122 S. Howard St.*

Cause of Death, { First (Primary), Second (Immediate), } *chiefly birth Typhoid condition*

Duration of Last Sickness, *7 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Mar. 31st 1877*

{ Undertaker, *T. S. Trol* Address *108 S. Sharp*

{ Place of Business, *90 S. Howard St.*



Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16418*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 19th 77.*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *May Lauretta Hayden.*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, Years, *5* Months, *14* Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Bath. Me.*
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } *94. Pine St.*
Cause of Death, { First (Primary.) Second (Immediate.) } *Influenza & Pneumonia.*
Capit. Pneumonia.
Liver & Intest.
Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Memorial Cemetery*
Date of Burial, *March 21st 1877*
Undertaker, *J B Cook*
Place of Business, *No 704 W Baltimore Street*
Address, *543 Lexington St.*
A H Barker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16419*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 20th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } *Thomas Edward Harris*
 Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
 Age, *one* Years, *four* Months, *3* Days.
 Color, *white*
 Married, Single, Widow or Widower, { Cross out the word not required in this line. }
 Occupation, *none*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*
 Duration of Residence in the City of Baltimore, *life*
 Place of Death, { Give street and number. } *315 Moser Street Baltimore*
 Cause of Death, { First (Primary.) Second (Immediate.) } *Croup - Pneumonia*
 Duration of Last Sickness, *Three days*

All the above information should be furnished by the Physician.

Place of Burial, *Tran. Mon. Cemetery*
 Date of Burial, *March 21st 1877, 3 1/2 P.M.* *L. N. Gordon* M. D.
Medical Attendant.
 { Undertaker, *Hughes & Co* Address
 { Place of Business, *380 Fayette St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1897
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Brashears
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 31 Years, 2 Months, Days.
Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Philadelphia

Duration of Residence in the City of Baltimore, Twenty six years

Place of Death, { Give street and number. } 85 St. Exeter St

Cause of Death, { First (Primary,) Hereditary
Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, About eight months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Oliver Cemetery

Date of Burial, March 23rd 1897
Hilton H. Taylor M. D. Medical Attendant.

{ Undertaker, Geo. P. Hughes } Address 138 St. Broadway
{ Place of Business, 60 E. Baltimore St. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16421*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 19th 1899*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mildah Bowser,*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *91* Years, *Some* Months, *—* Days.

Color, *White*

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Kent County, Md.*

Duration of Residence in the City of Baltimore, *Two years*

Place of Death, { Give street and number. } *North Gilmore above Harlem St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Old age*

Duration of Last Sickness, *Three months*

All the above information should be furnished by the Physician.

Place of Burial, *Linden Park*

Date of Burial, *Wednesday 22nd March*

{ Undertaker, *J B Blackistoun* } Address

{ Place of Business, *606 1/2 Baltimore St,* }

J. J. Anttium M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,
Permit No. 16422
OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th March 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah D Brannan
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 80 Years, Months, Days.
Color, White
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } England
Duration of Residence in the City of Baltimore, 70 yrs
Place of Death, { Give street and number. } 24 Lee st
Cause of Death, { First (Primary.) } Phthisis Pulmonalis
{ Second (Immediate.) }
Duration of Last Sickness, 6 months
All the above information should be furnished by the Physician.
Place of Burial, Mount Olivet Cemetery
Date of Burial, March 22nd 1877 J. W. Webster M. D.
{ Undertaker, Armstrong & Denny } Medical Attendant.
{ Place of Business, 53 E Light St } Address 57 Bure st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16423

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence Augusta Pietsch

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 31. Years, Months, Days.

Color, White Sex,

Married, ~~Single, Widowed, or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Columbia, Ge.

Duration of Residence in the City of Baltimore, Six Weeks

Place of Death, { Give street and number. } # 222 Lamoine St

Cause of Death, { First (Primary,) Caseous Phthisis
Second (Immediate,) Exhaustion

Duration of Last Sickness, Two (2) years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 22 March 1877

{ Undertaker, A. H. Weaver Address

{ Place of Business, Fayette St

Medical Attendant, J. P. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16424*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,...

March 20th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Estella Jarvis

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____

Years, _____

6

Months, _____

Days. _____

Color, _____

Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

U. S

Duration of Residence in the City of Baltimore, _____

Native

Place of Death, { Give street and number. }

12 Pine St

Cause of Death, { First (Primary,) ...
Second (Immediate,) }

Spasms from unknown cause

Duration of Last Sickness, _____

Three or four days

All the above information should be furnished by the Physician.

Place of Burial, _____

Louise Cemetery

Date of Burial, _____

March 21st 1887

M. D. Antwin

M. D.

Medical Attendant.

{ Undertaker, *Jacob Weaver*
Place of Business, *Prind Hill Ave*

Address *142 Park St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 21st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elizabeth Dörner*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *50* Years, Months, Days.

Color, *White* Sex, *Female*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany.*

Duration of Residence in the City of Baltimore, *40 years.*

Place of Death, { Give street and number. } *177 N. Fremont St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Accidental burning - fell 34 ft. from
surface of body being burnt - sufficed by coal oil
explosion. 11 hours.*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cem.*

Date of Burial, *March 22nd 1877*

{ Undertaker, *Jacob Weaver* Address *363 Franklin St.*

{ Place of Business, *No 486 Druid Hill Avenue*

J. H. C. Caddy, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16426

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 20th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Lucy Kane Stoble*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *One* Years, *Two* Months, Days.

Color, *White* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *168 Arlington Av.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Congestion of Brain*

Duration of Last Sickness, *Ten days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount* *F. J. Miles* M. D.

Date of Burial, *March 22nd* Medical Attendant.

{ Undertaker, *C. H. Blyden* Address *24 Cathedral St.*

{ Place of Business, *201 Pender*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *14127*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 20th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sarah Sauson Beal Beal*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *75* Years, *May 2nd* Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *all life*

Place of Death, { Give street and number. } *361 North Washington*

Cause of Death, { First (Primary.) Second (Immediate.) } *Indigestion from atony Debility*

Duration of Last Sickness, *about two weeks*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore*

Date of Burial, *March 22 1877*

{ Undertaker, *Wm Fry*

{ Place of Business, *541 Broadway*

Address *18 Disquith St*

Geo. A. Mayson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *21st Mar 20th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Foster*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *75* Years, *One* Months, *16* Days.

Color, *White* Sex, _____

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Philadelphia Penn.*

Duration of Residence in the City of Baltimore, *33 years*

Place of Death, { Give street and number. } *453. Central Ave*

Cause of Death, { First (Primary), Second (Immediate), } *Diphtheria & some bronchitis*
General failure of vital powers

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Olivet* *John Carey Thomas* M. D.

Date of Burial, *Mar 22* Medical Attendant.

{ Undertaker, *L. S. Lancaster* Address *317 Madison Ave*

{ Place of Business, *Worford Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophia Benson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, fifty Years, Months, Days.

Color, Black Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, washing

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, three years

Place of Death, { Give street and number. } 1076 Jordan's alley

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, March 21st 1877

Undertaker, Wm. H. Lichow & Co.

Place of Business, 103 South St. & Co.

Address North Western Dispensary

M. D. H. A. Bowie Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *11430*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March, 20/87*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Melie A. Christman*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *+*

Age, *2* Years, *4* Months, *11* Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *98 S. Dallis St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Pneumonia*
Measles

Duration of Last Sickness, *4 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Carmel*

Date of Burial, *Thursday March 22/87* *Alfred S. Shesher* M. D.
Medical Attendant.

{ Undertaker, *John Brown* Address *11 S. High St.*

{ Place of Business, *77 S. Maple St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *162/31*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 20th 1877 11 A.M.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Hargrove col*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *24* Years, Months, Days.

Color, *Brown* Sex, *Male*

Married, Single, Wife or Widower, { Cross out the words not required in this line. }

Occupation, *Waiter*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Richmond Va*

Duration of Residence in the City of Baltimore, *Eight (8) years*

Place of Death, { Give street and number. } *Bath St No 18*

Cause of Death, { First (Primary), Second (Immediate), } *Phthisis pulmonalis
asthenia*

Duration of Last Sickness, *Six (6) months*

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*

Date of Burial, *March 22*

Undertaker, *William Hargrove*

Place of Business, *62 east St*

Address

*N. J. Keirle M. D.
Physician
Baltimore
N.E. cor North and
Larocca St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

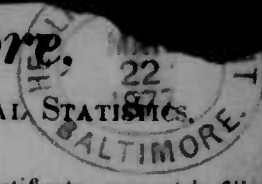
SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *164 32*

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 20th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Francis James LeBow.*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, *3* Months, *27* Days.

Color, *white*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *3 Bartlett St*

Cause of Death, { First (Primary), Second (Immediate), } *Pneumonia*

Duration of Last Sickness, *Eight days*

All the above information should be furnished by the Physician.

Place of Burial, *Balt. Cemetery*

Date of Burial, *22nd March*

{ Undertaker, *D. J. Harriott* }

{ Place of Business, *Poplar St. Baltimore* }

Wm. R. Register M. D.
Medical Attendant.

Address *S. M. Fayette & Calhoun*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 24 / 1876*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Samuel Onlip*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *63* Years, *3* Months, *5* Days.

Color, *White* Sex,

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *House Carpenter*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Ches. Co. Pennsylvania*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *141. E. Biddle St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Paralysis*

Duration of Last Sickness, *13. Months*

All the above information should be furnished by the Physician.

Place of Burial, *Beth Carmel*

Date of Burial, *March 22d 1877*

Undertaker, *Amstrong & Denny* Address *151. E. Madison St.*

Place of Business, *267 Light St.*

E. Hall Ricketts M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th of March 77
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John C. Humphreys
 Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
 Age, 41 Years, Months, Days.
 Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Brick layer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cemetery

Date of Burial, 22nd March 1877

{ Undertaker, Francis Coramier

{ Place of Business, 219 Center Avenue

Address

J. Flaherty M.D.
 Medical Attendant
 245 S. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16435

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st. 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Phaul
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 34 Years, Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Brunswick, Germany
Duration of Residence in the City of Baltimore, 25 Years
Place of Death, { Give street and number. } 215 East Avenue
Cause of Death, { First (Primary,) Cerebral Apoplexy
Second (Immediate,)
Duration of Last Sickness, 5 Days
All the above information should be furnished by the Physician.
Place of Burial, Baltimore County } James E. Donnell M. D.
Date of Burial, March 23rd 1877. } Medical Attendant.
{ Undertaker, Peter Troy } Address 299 E. Baltimore St.
{ Place of Business, 41 E. Howard St. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st March - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Dundon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 3 Months, 28 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 48 Portland

Cause of Death, { First (Primary,) Second (Immediate.) } Rheumatism Endocarditis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, March 23rd 1877

{ Undertaker, John H. Hatcher

{ Place of Business, No 150 Camden

Address 279. W Lombard

Edw. J. McKeown M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

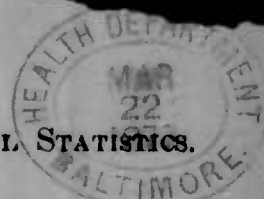
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16437*



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 20th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William A. Hoffman*

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. } *Male*

Age, _____ Years, *7* Months, _____ Days.

Color, *white* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *7 months*

Place of Death, { Give street and number. } *68 S. Sharp Street*

Cause of Death, { First (Primary,) *Whooping Cough*
Second (Immediate,) *Convulsions*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *March 22^d 1877*

{ Undertaker, *John Macdonald*
Place of Business, *No 150 Camden St*

Address *47 Edmondson Ave*

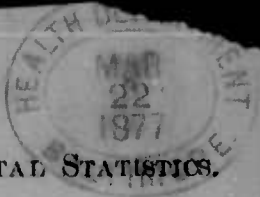
J. E. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16438*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 22nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Priscilla Davis*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *80* Years, Months, Days.

Color, Sex,

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. } *Widow*

Occupation, *none*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto County*

Duration of Residence in the City of Baltimore, *60 years*

Place of Death, { Give street and number. } *234 W Fayette St*

Cause of Death, { First (Primary,) Second (Immediate,) } *old age debility*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Green Mt. Cemetery*

Date of Burial, *24th March 1877*

J. R. Uhler M. D. Medical Attendant.

{ Undertaker, *Wm. Jenkins & Son* Address *234 W Fayette*

{ Place of Business, *16 Light St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. *16439*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar 21 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Laura C. Wittinger*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, *One* Years, *Three* Months, Days.
Color, *white* Sex,
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *355- Holland St*
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } *666 Lexington St*
Cause of Death, { First (Primary,) Second (Immediate,) } *Tuberculosis*
Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*
Date of Burial, *March 22 1877*
{ Undertaker, *Hughes & Co* Address *355- Holland St*
{ Place of Business, *355- Holland St* Medical Attendant, *Dr. J. H. B. M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 21, 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Leticia Brown

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

26

Years,

Months,

Days.

Color,

Brown

~~Married~~, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Nurse

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt.

Duration of Residence in the City of Baltimore,

During life

Place of Death,

{ Give street and number. }

Agra New Woman's Home 93 Lee st.

Cause of Death,

{ First (Primary),
Second (Immediate), }

Old Age

Duration of Last Sickness,

Has been feeble for about 6 months

All the above information should be furnished by the Physician.

Place of Burial,

St. Elizabeth's Cemetery

Date of Burial,

March 22, 1877

R. M. Hall

M. D.

Medical Attendant.

{ Undertaker,

W. B. Chambers

Address

266 Sharp st.

{ Place of Business,

W. B. Chambers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 16441

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th March 1877 at 12 o'clock in
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Chaplain
Sex, ~~Male~~ Female, { Cross out the word not required in this line. } Female
Age, 4 Years, 1 Months, 3 Days.
Color, Black Sex, Female
~~Married, Single, Widowed or Widower~~ { Cross out the words not required in this line. } Widow
Occupation, none
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Tolbot County Md.
Duration of Residence in the City of Baltimore, 15 years
Place of Death, { Give street and number. } 22 Dorsonally Baltimore city
Cause of Death, { First (Primary,) Old age
Second (Immediate,) 2 months
Duration of Last Sickness, 2 months
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, Mar 23 77 A. S. Richardson M. D.
Medical Attendant.
{ Undertaker, J. H. Chapman Address 302 W. Lombard St.
{ Place of Business, 118 S. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th, 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Estelle Scott
Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, Months, Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 214. Hamburg St.

Cause of Death, { First (Primary,) Measles.
Second (Immediate,) Acute Bronchitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 21 1877

{ Undertaker, B. H. Adams

{ Place of Business, 148 N. Howard St. Address 266. Sharp St.

R. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 16443

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 22

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Gas. Bradley

Sex, Male or Female,

Cross out the word not required in this line.

Age,

23

Years,

Months,

Days.

Color,

White

Sex,

male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Actor

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

N. Y. City

Duration of Residence in the City of Baltimore,

Five weeks

Place of Death,

Give street and number.

Central Hotel, Holliday Street

Cause of Death,

First (Primary),
Second (Immediate.)

Pleuro-pneumonia

Duration of Last Sickness,

Nine days

All the above information should be furnished by the Physician.

Place of Burial,

New York

J. C. Maddux

Date of Burial,

March 23^d

Alexander Hill

M. D.

Medical Attendant

Undertaker,

Wm P Byrne

Address No. 23 N. Calvert St.

Place of Business,

63 Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 725

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16 444

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1877. 3 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Helen Bentley Nelson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Unmarried~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt - Maryland

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 54 Saratoga St

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) } Meningeal Convulsion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, March 22nd 1877

Hugh Nelson M. D.
Medical Attendant.

{ Undertaker, Jacob Weaver

{ Place of Business, No 416 Druid Hills Avenue

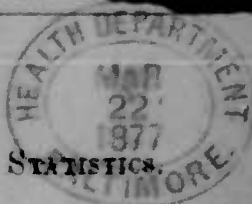
Address Asquith & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16445*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March, Twentieth (20th),*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Thomas Hawkins*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *Twenty four* Years, Months, *Twenty* Days.

Color, *Colored*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } *Married*

Occupation, *Oyster Shucker*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore, Md.*

Duration of Residence in the City of Baltimore. *Since Birth*

Place of Death, { Give street and number. } *No. 183 Mulliken St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Consumption*

Duration of Last Sickness, *Six Weeks*

All the above information should be furnished by the Physician

Place of Burial, *Ball St. Cemetery*

Date of Burial, *March 22d 1877*

Undertaker, *John W. Locks*

Place of Business, *57 S. Mifflin*

Wm H. Clendinning M. D.
Medical Attendant.

Address *No. 139 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 20th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Emma Green*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, _____ Years, *10* Months, *3* Days.

Color, *Colored* Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *187 Eastern Ave - Balto Md*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *187 Eastern Ave*

Cause of Death, { First (Primary,) Second (Immediate.) } *Intestinal & Cerebral Irritation*
Convulsions

Duration of Last Sickness, *10 or 12 days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *March 22nd 1877*

{ Undertaker, John W. Lee, Jr. }

{ Place of Business, 179 E. Balto St } Address *179 E Balto St*

A. E. Hooker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16447*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 19th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Emma Giles*

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, *Eleven years* Years, Months, Days.

Color, *Col^d*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *64 Orleans St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Intercurrent disease*

Duration of Last Sickness, *About four weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Louise Cemetery*

Date of Burial, *March 22nd 1877*

Undertaker, *J. M. H. Locke*

Place of Business, *57 S. Wolf St*

Hilton A. Waylor M. D.
Medical Attendant.

Address *138 A Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

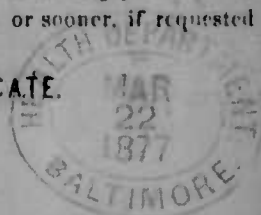
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16448*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 20th, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Zachariah Dury*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *2* Years, *—* Months, *—* Days.

Color, *Black*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *No 4. Medeira - alley*

Cause of Death, { First (Primary) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *21 Days*

All the above information should be furnished by the Physician

Place of Burial, *Burial at Cemetery*

Date of Burial, *March 22nd 1877*

Undertaker, *John W. Locks*

Place of Business, *57 S. Mifflin St* Address *137 Orleans St*

J. J. Gross M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *11249*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 21st 1879*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Benj. Butler*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *2 2* Years, _____ Months, _____ Days.

Color, *white*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Alone*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Bahamas*

Duration of Residence in the City of Baltimore, *10 years*

Place of Death, { Give street and number. } *St Vincent's Hospital*

Cause of Death, { First (Primary,) Second (Immediate,) } *Apoplexy*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's Cemetery*

Date of Burial, *March 22nd 1879*

Undertaker, *James D. Byrne*

Place of Business, *No 63 N. Front St* Address *89 Saratoga St*

E. W. Theobald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

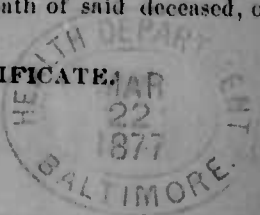
Permit No. 16450

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 20th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank R. J. Smith.
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Two Years, Eight Months, twenty two Days.
Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, child

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore city
Duration of Residence in the City of Baltimore, all its life

Place of Death, { Give street and number. } 131 Cornet St. W. 11

Cause of Death, { First (Primary,) Second (Immediate,) } Weak Muscles, Mucous & Complication from cold of Cervicalis proper etc.
Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Vincent's Cemetery
Date of Burial, March 22 1877
{ Undertaker, James O. Byrne } Address 86 E. Fayette St.
{ Place of Business, 1103 N. Howard St. }

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16457*

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 22ⁿ 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Quirk*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *1* Year, Months, *10* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore city*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *228 Adison St*

Cause of Death, { First (Primary,) *S.* Second (Immediate,) *was as usual.* }

Duration of Last Sickness, *Six weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Old Catholic cemetery*

Date of Burial, *March 22ⁿ 1877*

{ Undertaker, *James P. Byrnes* Address, *133 N. E. St.*

{ Place of Business, *No 63 N. Front St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16452*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Tuesday March 21st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sarah Ann Radcliff*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *23* Years, *two* Months, _____ Days.

Color, *White* Sex, *Female*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *N^o 21 Luzerne St (Luzerne)*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phtisis Pulmonalis*

Duration of Last Sickness, *Two Years*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *March 23/77*

Undertaker, *Hughes & Co*

Place of Business, *65 S Broadway*

J. E. Richard M. D.
Medical Attendant.

Address *28' O. Donnell St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16453*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Two

Years,

6

Months,

Days.

Color,

Light Copper

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Two years + 6 months

Place of Death, { Give street and number. }

No 28 Oxford St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cold

(Pneumonia)

Duration of Last Sickness,

One Week

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

March 22nd 1877

{ Undertaker,

Wm. H. Bishop Jr

{ Place of Business,

100 Smith St. N.Y.

Edw. F. Boker

M. D.

Medical Attendant.

Address

Cor Dolphin & Pop. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16454

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 23rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary E Bentley (Mother)*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *—* Years, *—* Months, *2* Days.

Color, *Blk*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Bald City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *92 S. Dallas St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Hydrocephalus*

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *Dallas St Cemetery*

Date of Burial, *March 23rd 1877*

James A. Stearns M. D.

{ Undertaker, *Geo T. Jones* Address *Commissioner of Health*

{ Place of Business, *12 S. Dallas St* *Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Lea Walker Midwife* [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Thomas Martin

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 Years, Months, Days.

Color, white Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 55 Etting St

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,) " "

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral J B B Browne M. D.

Date of Burial, March 23^d Medical Attendant.

{ Undertaker, C B Bizzard Address 307 Madison Avenue
Place of Business, 201 Penn av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16456

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Mar. 21 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph Strutter

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

1

Years,

3

Months,

Days.

Color,

Neutro

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. Md.

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

300 South Howard St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Measles

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23 1897

Undertaker, Charles Ross

Place of Business, 18 West St

R. M. Hall

M. D.

Medical Attendant.

Address

266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Mar 22nd 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary H. Russell

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

2

Years,

7

Months,

10

Days.

Color,

Blk

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

289 Hamburg St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Convulsions

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

Mar 23rd 1877

M. D.

{ Undertaker,

H. Cross

{ Place of Business,

Address

Commission of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mayor Russell

Board of Health, City of Baltimore,

Permit No. *11458*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 22^d 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William Marshall*

Sex, Male ☒ Female, { Cross out the word not required in this line. }

Age, *2* Years, *14* Months, *14* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *362 Aliceanna St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Convulsion*

Duration of Last Sickness, *6 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Balt Cemetery*

Date of Burial, *March 22^d 1877*

Undertaker, *H. M. Gburger*

Address *Commissioner of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Adam Marshall* [SIGNED]
Father

PHYSICIAN WHO ATTENDED PERSON IS REQUESTED TO FURNISH REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16459*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 22nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Earl*

Sex, Male ~~Female~~, { Cross out the word not required in this line. } *Male*

Age, *9* Years, *13* Months, *13* Days.

Color, *White*

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *No 224 Gettysburg St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Measels*

Duration of Last Sickness, *Two days*

All the above information should be furnished by the Physician

Place of Burial, *Mount Carmel Cemetery*

Date of Burial, *March 23rd 1877*

Undertaker, *Henry Kochlick*

Place of Business, *226 Easton Ave*

Thomas J Evans M. D.
Medical Attendant.

Address *No 18 Jackson Square*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and mode of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 20th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henry Wilson

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

85

Years,

6

Months,

11

Days.

Color,

Colored

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widower

Occupation,

Wagon Driver

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

28 years

Place of Death, { Give street and number. }

No 8 New Church St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Bronchitis & Pneumonia

Trachea (Buccal)

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

March 23rd 1877

{ Undertaker,

W. N. Dungee

{ Place of Business,

W

Address

280 N. Greene St.

J. S. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16461*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 21 79*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named give names of parents. } *Eleanore McCarty*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *71* Years, Months, Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Widow*
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Dorchester Co Md*
Duration of Residence in the City of Baltimore, *64 years*
Place of Death, { Give street and number. } *No 6 Shepard St*
Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*
Duration of Last Sickness, *2 years*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore*
Date of Burial, *March 28 79*
Undertaker, *Andrew D. Dean* Address *1012 N. 2nd St*
Place of Business, *No 263 Light St* *207 N. 2nd St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16462*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

22 March, 1877.
Mary R. Strube

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

2

Months,

12 Days.

Color,

white

Sex,

Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

46 S. Carrollton Av.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

46 S. Carrollton Av.

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough
" "

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

March 23

John Howard M. D.
Medical Attendant.

{ Undertaker,

J B Cook

{ Place of Business,

707 West Baltimore

Address

274 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 23^d 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Pinkney White*
Sex, Male ~~Female~~, { Cross out the word not required in this line. }
Age, *2* Years, *—* Months, *—* Days.
Color, *Black*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *41 Guilford's Alley*
Cause of Death, { First (Primary,) Second (Immediate,) } *Cold*
Bronchitis
Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *N. Pub Cemetery*
Date of Burial, *March 23^d 1877*
{ Undertaker, *M. H. C. Perry* Address *Commissioner of Health & Registrar* }
{ Place of Business, *Pratt St* }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Charlotte Russell* (OVER.)
mother by adoption

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert Henry Walstrom
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Infant

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } No 19 Census St. G. Post

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 19 Census St

Cause of Death, { First (Primary,) Second (Immediate,) } Gas -

Duration of Last Sickness, 1 hr

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 23rd

{ Undertaker, Sahl. S. Walstrom & Co. Address Orangeville Md

{ Place of Business, 19 Census St

E. W. J. M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

STATISTICS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

CERTIFICATE OF DEATH.

Color, White.

Occupation, _____

Duration of Residence in the City of Baltimore, *Life time*

(First (Primary))

Duration of Last Sickness, 1 day

Place of Burial, *Green Mount Cemetery* *16* *11* *1*

Date of Burial, *Mar 23 1877* *J. W. Horch* M. D.
Medical Attendant.

(Undertaker, *A. J. [unclear]*)

Place of Business, *54th Broadway* Address *100 Wall Street*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Paul

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 19 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Senior Surveyor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Quebec Canada

Duration of Residence in the City of Baltimore, 2 months

Place of Death, { Give street and number. } 69 President St

Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia
Acute Phthisis
of 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Quebec Canada

Date of Burial, March 23rd 1897

Undertaker, J. S. Macher

Place of Business, 150 Camden St

Geo. W. Jensen M. D.
Medical Attendant.

Address 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 726

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16467*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 23. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Jones*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, Years, Months, *14* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt City*

Duration of Residence in the City of Baltimore, *House 6 days*

Place of Death, { Give street and number. } *St Vincent's Hospital*

Cause of Death, { First (Primary,) Second (Immediate,) } *Mania*

Duration of Last Sickness, *when admitted*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*

Date of Burial, *March 24. 1877*

{ Undertaker, *Samuel Bowen* Place of Business, *156 Division St.* }

Marbury Brewer M. D. Medical Attendant.

Address *201 W. Middle St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 78 Years, Months, Days.

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 24th 1879

{ Undertaker, Armstrong & Denny

{ Place of Business, #263 Light St.

Address

H. B. B. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20 - Eight hundred & 75 - Seven

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Cornish

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years, Months, Days.

Color, Coppe Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, The greater part of his life

Place of Death, { Give street and number. } 22 Shuter St.

Cause of Death, { First (Primary,) Pneumonia as far as could be ascertained. Second (Immediate,) same. The patient was dying when I was called to him.

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery A. J. Gorman M. D.

Date of Burial, March 23 1876 Medical Attendant.

{ Undertaker, William A. Dwyer Address 75 N. Broadway
Place of Business, No 62 Buss St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16470*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 21 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Rebecca Brogden*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, *8* Months, _____ Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *W. Md*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *108 Orchard St.*

Cause of Death, { First (Primary) Second (Immediate) } *Pneumonia*
Convulsions

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician

Place of Burial *Sharp Cemetery*

Date of Burial, *March 24 1877*

J. H. Keller

M. D.

Medical Attendant.

Undertaker, *W. H. Cross*

Place of Business *No 178 Howard St*

J. S. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16471

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 22nd 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Wm Henry Chew*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, Days.

Color, *Colored*.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life time*.

Place of Death, { Give street and number. } *N. 68. Myrtle St.*

Cause of Death, { First (Primary.) *Dentition.*
Second (Immediate.) *Convulsions.* }

Duration of Last Sickness, *5 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp Cemetery*

Date of Burial, *March 23 1877*

{ Undertaker, *J. W. Chase*

{ Place of Business, *No 198 Howard*

S. C. Horn M. D.
Medical Attendant.

Address *N. 226. Mulberry St*
per S. W. M.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16472*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Feb. Mch. 20. 1897*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles Joseph W. Watts*

Sex, Male or Female, { Cross out the word not required in this line, } *Male*

Age, *One* Years, *Three* Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Canada*

Duration of Residence in the City of Baltimore, *5 months*

Place of Death, { Give street and number. } *# 399 E. Chase St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*
Exhaustion

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Belle Cemetery*

Date of Burial, *Mar 24th*

Geo. A. Hartman M. D.
Medical Attendant

{ Undertaker, *W. J. ...*

{ Place of Business, *12th N. Broadway*

Address *# 305 N. Caroline*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11473

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Struett

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 3 Years, 1 Months, 2 Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 14 S. High St.

Cause of Death, { First (Primary,) Meningitis. }
{ Second (Immediate,) }

Duration of Last Sickness, eight days.

All the above information should be furnished by the Physician.

Place of Burial, Landow Park Cemetery.

Date of Burial, March 24 1877

Undertaker, F. N. Troll.

Place of Business, 90 S. Howard St.

Address, High St, near Baltimore

Abram M. Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 22nd 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Margaret Hoelker

Sex, Male or Female,

{Cross out the word not required in this line.}

Female

Age,

Forty five

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{Cross out the words not required in this line.}

Occupation,

Gardening house keeper
City.

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

45 years

Place of Death,

{Give street and number.}

330 South Bond St.

Cause of Death,

{First (Primary.)}

{Second (Immediate.)}

Heart diseased.

Duration of Last Sickness,

8 hours

All the above information should be furnished by the Physician

Place of Burial,

Wolfe Cross Lane

Date of Burial,

March 25

D. C. Ireland

M. D.

Medical Attendant.

{ Undertaker,

M. A. Daigee

{ Place of Business,

445 B. Bay

Address.

Coram. E. J. J.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to the remarks below, and to List of Diseases on back of this Certificate.

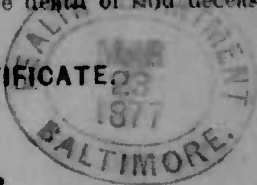
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16478*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *Tuesday 12 o'clock morning*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Manfred Woods*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *7* Years, *7* Months, Days.
Color, *White* Sex, *Female*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*
Duration of Residence in the City of Baltimore, *since birth*
Place of Death, { Give street and number. } *Chesepiek St 150*
Cause of Death, { First (Primary,) *Rubeola*
Second (Immediate,) *Pneumonia Congestion of Lungs*
Duration of Last Sickness, *12 days*
All the above information should be furnished by the Physician.
Place of Burial, *St. Patrick's Cal*
Date of Burial, *May 23 1877* *J. E. Richard* M. D. Medical Attendant.
{ Undertaker, *W. A. Dacy* Address *28 O. Donnell St*
{ Place of Business, *44 S. B'nj*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

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1877
5

and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16476*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 22 " 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sallie Duke*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *4* Years, *—* Months, *—* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *148 Bank St*

Cause of Death, { First (Primary,) Second (Immediate,) } *supposed Indigestion
spasms*

Duration of Last Sickness, *suddenly, afternoon*

All the above information should be furnished by the Physician.

Place of Burial, *Calvert Cemetery*

Date of Burial, *March 24 " 1877*

Undertaker, *J. H. Ward*

Place of Business, *—*

Address *Commissioner of Health
Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *J. H. Ward* *196 W. Lombard St* [OVER.]

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *11477*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Wednesday March 21st*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Henry P. (Blasse)*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *26* Years, *1* Months, *—* Days.
Color, *Negro* — Sex, *Male*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*
Occupation, *Waiter*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Cincinnati*
Duration of Residence in the City of Baltimore, *Not known*
Place of Death, { Give street and number. } *72 Davis St*
Cause of Death, { First (Primary,) *Tuberculosis*
Second (Immediate,) *Phthisis Pulmonalis*
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, *Forest Cemetery*
Date of Burial, *Wed. 23rd*
{ Undertaker, *J. Davis*
Place of Business, *103 Lee St*
Address, *518 Calvert St. Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

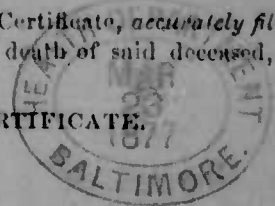
Board of Health, City of Baltimore,

Permit No. 16478

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 21 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Fane Furber (Mother)*
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, _____ Years, _____ Months, *3* Days.
Color, *Blk*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *1 Wye Alley*
Cause of Death, { First (Primary,) *Primature Birth*
Second (Immediate,) *Asphyxia* }
Duration of Last Sickness, *Life*
All the above information should be furnished by the Physician.
Place of Burial, *N. Pub Cemetery*
Date of Burial, *March 23 1877*
{ Undertaker, *M. H. C. Perry* Address *Commissioner of Health & Registrar*
Place of Business, *Pratt St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Sarah Lasker Medwick* [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 23 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Albert Ellis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, / Years,

7 Months,

Days.

Color,

Sex, male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

157 Edmundson Ave.

Cause of Death, { First (Primary),
Second (Immediate), }

Acute Myonoccephalus

Duration of Last Sickness,

About 3 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 24th 1877

Harvey Steel

M. D.

Medical Attendant.

{ Undertaker, John Machor

{ Place of Business, 150 Camden St

Address

119 Edmundson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16480*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 22nd 7:30 P.M. 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henrietta Gertrude Bernhardt*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *4* Years, *4* Months, Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*
Duration of Residence in the City of Baltimore, *Since Birth*
Place of Death, { Give street and number. } *235 E. Lombard St.*
Cause of Death, { First (Primary,) Second (Immediate,) } *Typhoid } Scarletina } Malignant*
Duration of Last Sickness, *Two Weeks*
All the above information should be furnished by the Physician.
Place of Burial, *Baltimore*
Date of Burial, *March 25, 1877*
{ Undertaker, } *James E. Dorman* M. D. Medical Attendant.
{ Place of Business, } *299 E. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Persons are respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *11481*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 21 st. 1876*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Lelia Clementine Embard*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *2* Years, *3* Months, *1* Days.
Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *235 E. Lombard*

Cause of Death, { First (Primary,) *Heart* }
{ Second (Immediate,) *Scarlatina* } *Hyphoid*

Duration of Last Sickness, *5 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Balto. Cemetery*

Date of Burial, *March 22nd 1876* *James E. Donnell* M. D.
Medical Attendant.

{ Undertaker, *Henry J. Smith*

{ Place of Business, *25th Street*

Address *379 E. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16482

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23^d - 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fredrick Müller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 12 Months, 12 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, child

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } 51 Fawn St

Cause of Death, { First (Primary,) Feetling Pneumonia
Second (Immediate,) do do }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 25th 1877

{ Undertaker, John Terry
Place of Business, 91 E. Street }

Address 86 E. Fayette

Medical Attendant, W. D. Bohannon M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

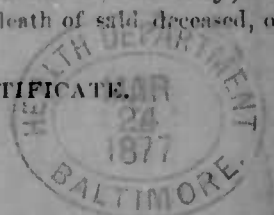
Permit No. *16483*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *March 23rd 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Katie Andreas*
 Sex, Male or Female, { Cross out the word not required in this line. } *Female*
 Age, *Seven* Years, *—* Months, *—* Days.
 Color, *White*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*
 Occupation, *—*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*
 Duration of Residence in the City of Baltimore, *2 years*
 Place of Death, { Give street and number. } *Shaw St. Foot of Caroline*
 Cause of Death, { First (Primary) *result of lay of Coffee* Second (Immediate) *fracture of sacrum vertebra* }
 Duration of Last Sickness, *5 minutes*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Church*
 Date of Burial, *24th May*
 Undertaker, *Heinrich Bein*
 Place of Business, *252 Henrietta St*
 Address, *D. C. Ireland*
 M. D. *Coroner E. W. S.*
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 161484

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

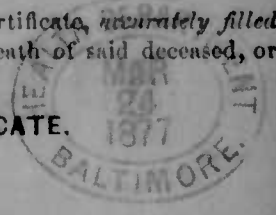
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 161484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 22 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William H. Lecher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 33 Years, Months, Days.

Color, Calard Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Water

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Winchester Va

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number. } Rabury St No 103

Cause of Death, { First (Primary,) Consumption
Second (Immediate.)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

J. M. R.

M. D.

Date of Burial, March 24 1877

Medical Attendant.

{ Undertaker, William S. Leach

Address No 23 Bath St

{ Place of Business, No 104 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 16485

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

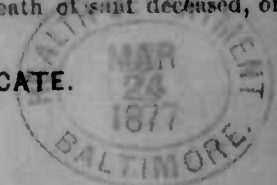
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 23, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George A. Hathorn

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 7 Months, Days.

Color, Melatta Sex, Male

Married, Single, Widower or Widow, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Yine St No 3

Duration of Residence in the City of Baltimore, 7 months

Place of Death, { Give street and number. } Rabun St No 5 1/2

Cause of Death, { First (Primary,) Cold Second (Immediate,) Spasms

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, West H. Cemetery

Date of Burial, March 24, 1877

{ Undertaker, W. N. Lungee Address No 11 S. Arlington Ave

{ Place of Business, No 104 E. 1st St.

H. N. Smith M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 16486

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

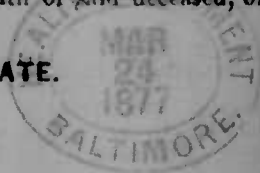
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Mar 22nd 1877
 Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Margaret Cowan
 Sex, ~~Male~~ or Female, Cross out the word not required in this line. Female
 Age, 78 Years, _____ Months, _____ Days.

Color, White Sex, Female
~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line. Widow

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) Maryland

Duration of Residence in the City of Baltimore, 9 or 10 yrs

Place of Death, Give street and number. Chapel Avenue, Infirmary, N. Bond Street

Cause of Death, First (Primary,) Second (Immediate,) Old age

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery J. D. Harris M. D.

Date of Burial, Mar 24/77 Medical Attendant.

Undertaker, James H. Harris Address Chapel Avenue, Infirmary

Place of Business, 31 N. Bond St. N. Bond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16487*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 23^d 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Anton Matcha*

Sex, Male *Male* Cross out the word not required in this line.

Age, *One* Years, *—* Months, *—* Days.

Color, *white*

Married, *Single*, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First (Primary),
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*

Date of Burial, *March 25^d 1877* *James A. Stearns* M. D.

Undertaker, *A. Kahler*

Place of Business, *244 E Lombard*

Address *Commiss of Health
Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

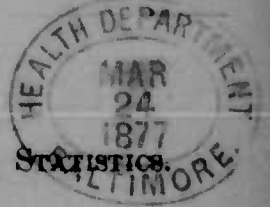
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

No. 70 27 00
The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,



Permit No. 16488

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob Ringgels

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, 6 Months, 25 Days.

Color, Colored Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, 6 yrs. 25 days

Place of Death, { Give street and number. } No 22 Elbow Lane

Cause of Death, { First (Primary,) Scarletina Anginosa
Second (Immediate,) Convulsions

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24

{ Undertaker, Hercules Pons
Place of Business, 180 W. St

Address 71 S Green St
Baltimore

J. Edward Kirby, M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 729
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 22^d 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Rust.*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *17* Years, Months, Days.

Color, *Blk.* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Cook &c.*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Jefferson Co. Va.*

Duration of Residence in the City of Baltimore, *One yr.*

Place of Death, { Give street and number. } *9 Bonaparte alley*

Cause of Death, { First (Primary,) Second (Immediate.) } *Th. Throat*

Duration of Last Sickness, *2 wks.*

All the above information should be furnished by the Physician.

Place of Burial, *Charles town Va*

Date of Burial, *March 24th 1877*

J. H. McArthur M. D.
Medical Attendant

Nathan Gibson
Undertaker, Address *395 N. 7th St.*

Place of Business, *_____*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

(Transit 729)

and to last of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *16490*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 23rd 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Katter*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *67.* Years, _____ Months, _____ Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Labour*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *30 years.*

Place of Death, { Give street and number. } *63 Walnut. All*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cystitis*

Duration of Last Sickness, *11 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Landon Park burying* *Louis Es. & Horn* M. D.

Date of Burial, *March 25th 1877* Medical Attendant.

{ Undertaker, *Andrew Levy* Address *226 Mulberry St.*

{ Place of Business, *118 David Hill Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 16491

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 16491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 28th /77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Jacob Fedderman

Sex, Male or Female,

Cross out the word not required in this line.

~~Female~~

Age,

38

Years,

Months,

Days.

Color,

Colored

Sex,

male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

dout know

Occupation,

Convict

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

dout know

Duration of Residence in the City of Baltimore,

(2) Two Years

Place of Death,

Give street and number.

Maryland Penitentiary

Cause of Death,

First (Primary),

Second (Immediate),

Pneumonia

Duration of Last Sickness,

(4) Four Days

All the above information should be furnished by the Physician.

Place of Burial,

C. Pleemont

Date of Burial,

March 28

John B. Boyle

M. D.

Medical Attendant.

Undertaker,

Charles S. Soper

Place of Business,

Pratt & Chestnut

Address

166 E. Eager St.

per W. S. Harrison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

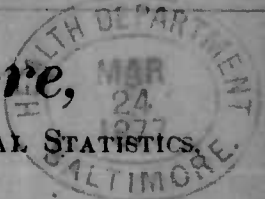
[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16492*

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 22.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Dorothy Jones*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *58* Years, *7* Months, *21* Days.

Color, *white*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *26. years*

Place of Death, { Give street and number. } *196. Sharp St.*

Cause of Death, { First (Primary),
Second (Immediate), } *Schickens of the Stomach*

Duration of Last Sickness, *7 months*

All the above information should be furnished by the Physician.

Place of Burial, *Londan Park Cemetery*

Date of Burial, *March 24/97*

J. N. Trol M. D.
Undertaker, *J. N. Trol* Medical Attendant.

Place of Business, *90 S. Howard St.* Address *146. Hanover St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 16493

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No. 16493



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 23^d 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sophia Ann Touchton

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

64 Years,

Months,

Days.

Color,

White

Sex,

Female

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

330 Franklin St.

Cause of Death, { First (Primary,) Second (Immediate.) }

Pulmonary Consumption -

Duration of Last Sickness,

Under my care 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

March 24th

J. W. C. Caddy

M. D.

Medical Attendant.

{ Undertaker,

M. A. Deiger

Address

363 Franklin St.

{ Place of Business,

74 V. Jones

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16494*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 24th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Jennius O. Sullivan*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *32* Years, _____ Months, _____ Days.

Color, *white*

~~Married, Single, Widowed~~ Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland - 20 years*

Duration of Residence in the City of Baltimore, *45 years*

Place of Death, { Give street and number. } *24 E. Lombard st*

Cause of Death, { First (Primary), Second (Immediate), } *Consumption*

Duration of Last Sickness, *one year*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Ch. James St. Md.*

Date of Burial, *March 27th 1877*

{ Undertaker, *H. N. Harris* Address *Commissioners of Health & Registrar*

{ Place of Business, *Gay St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker [OVER.]

No. 16495

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

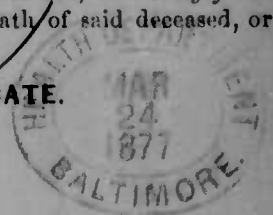
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 23^d March 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Chase

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 Years, Months, Days.

Color, Color S Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow 4 years

Occupation, Washing and nursing

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } No. 190 Henrietta St.

Cause of Death, { First (Primary,) General Paralysis
Second (Immediate,) affecting the Brain

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St B S

Date of Burial, 25th March 1877

{ Undertaker, Wm. Gray

{ Place of Business, 65 Miller St

Address 302 N. Front St.

A. B. Rich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 167496

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

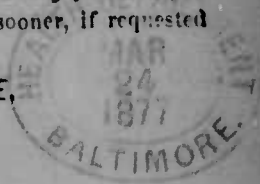
Permit No. 167496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.



Date of Death, Mar 22 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Bealy

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, Months, Days.

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, M

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt Co Md

Duration of Residence in the City of Baltimore, 41 years

Place of Death, { Give street and number. } 12 13 center st Balt

Cause of Death, { First (Primary.) Disease of Heart
Second (Immediate.)

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, March 26th 1877

{ Undertaker, Jm James Gray Address 23 Franklin St

{ Place of Business, 65 Mulberry St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

No. 16497

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 24, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Rose J. Carson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

26

Years,

Months,

Days.

Color,

Sex,

Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Greenfield, Virginia

Duration of Residence in the City of Baltimore,

Two years & half

Place of Death, { Give street and number. }

1649 Ewa St

Cause of Death, { First (Primary),
Second (Immediate), }Consumption
7 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 25th March 1877

J. J. Shuf

M. D.

Medical Attendant.

{ Undertaker, Jos. Loane

Address

206 South Ewa St

{ Place of Business, 568 West Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16498*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Mar 22nd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Catherine Hinkley

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

35

Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

19 years

Place of Death,

{ Give street and number. }

186 North Bond St

Cause of Death,

{ First (Primary) Second (Immediate) }

Pulmonary Consumption

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician.

Place of Burial,

Int River Cmt

Date of Burial,

March 24-77

John F. Monsmauie

M. D.

Medical Attendant.

Undertaker,

John J. Rodenmayer

Address

5. W. Calvert & Read St.

Place of Business

Cir Germanant Ave

Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

16499
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 24th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Barbara Ann*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *34* Years, *1* Months, *2* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married.*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *10 years.*

Place of Death, { Give street and number. } *233 Bat. Ave.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Purpural Fever*

Duration of Last Sickness, *10 days.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Stephens Cemetery*

Date of Burial, *March 26th 1877* *J. E. Harrington* M. D. Medical Attendant.

{ Undertaker, Place of Business, } *111 Commerce Street* Address *321 Light St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11500

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 23 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Frank Monroe Dorsey*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Two* Years, *Eleven* Months, *Twenty* Days.

Color, *Cal* Sex, *Male*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *City of Baltimore*

Duration of Residence in the City of Baltimore, *27. 11^m 20^s*

Place of Death, { Give street and number. } *86 Orchard Street*

Cause of Death, { First (Primary,) Second (Immediate.) } *Marasmus*

Duration of Last Sickness, *Four Months*

All the above information should be furnished by the Physician.

Place of Burial, *Laniel Cemetery*

Date of Burial, *March 23^d 1877*

{ Undertaker, *Wm H Bishop Jr.* Address *618. W. Balt St*

{ Place of Business, *103 Bond St. 2d floor*

B. F. Lecomte M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16501*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar 25 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ella Spence*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *2* Years, *—* Months, *—* Days.

Color, *Col'd*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *126 S. Eutaw St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Scrophula*

Duration of Last Sickness, *5 months*

All the above information should be furnished by the Physician

Place of Burial, *Laurel Cemetery*

Date of Burial, *Mar 25 1877* *James A. Stenard M.D.*

{ Undertaker, *Paul H. Chase* Address *Commissioner of Health*

{ Place of Business, *S. Eutaw St* *Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sophia Spence [OVER.]

person is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16502*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mch 24 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Josephina Ianda*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *9* Years, *9* Months, *—* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*

Date of Burial, *Mch 25 1877*

Undertaker, *Adam Fink*

Place of Business, *2461 Gay St*

J. J. A. S. M. D.

Address *Commissioner of Health
The Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

No. 16503

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 23 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Heinrich

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 8, Months, Days,

Color, White, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Canton Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 45 Canton Ave

Cause of Death, { First (Primary,) Inflection. }
{ Second (Immediate,) }

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 25th 1877

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton St.

Address, J. Bond, N 75

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 16504

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 16504

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Coffman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, 1 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 873 N. Pratt St.

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,) }

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, March 26th 1877

Undertaker, J. B. Cook

Place of Business, Address 379 W. Lombard St.

H. L. Spencer
M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to List of Diseases on Back of this Certificate.

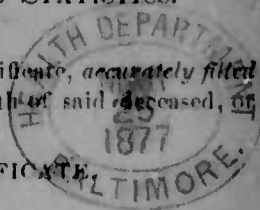
Board of Health, City of Baltimore,

Permit No. *15506*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 24th 1877*

Full Name of Deceased, {

Write legibly and spell correctly. If an infant not named, give names of parents.

Wm. C. Simpson

Sex, Male or Female, {

Cross out the word not required in this line.

Age, _____

Years, _____

8, Months, _____

Days, _____

Color, _____

Married, Single, ~~Widow~~ or ~~Widower~~, {

Cross out the words not required in this line.

Occupation, _____

Birthplace, {

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore, *8 months*

Place of Death, {

Give street and number.

308 W. Ann St.

Cause of Death, {

First (Primary),

Marasmus

Second (Immediate),

1st months

Duration of Last Sickness, *8 months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore cemetery*

Date of Burial, *March 25th 1877*

{ Undertaker, *Wm. H. Hickman*

{ Place of Business, *234 N. Gay St.*

Address *Broadway & Madison St.*

Wm. L. Russell M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16506*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of *the* deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *March 24th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Caspar Stohr*

Sex, Male or Female, { Cross out the word not required in this line. } *male*

Age, *25* Years, *5* Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *single*

Occupation, *labour*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto. City*

Duration of Residence in the City of Baltimore, *since born*

Place of Death, { Give street and number. } *2. Monmouth's Court*

Cause of Death, { First (Primary,) Second (Immediate,) } *Tetanus*

Duration of Last Sickness, *7 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *March 26th 1877*

{ Undertaker, *St. Froehlich* Place of Business, *246 Eastern Ave* }

R. G. Dawson M. D.
Medical Attendant.

Address *27 N. Broadway*

When canver? 27

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 16307

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16507-

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 24th 1877*

Full Name of Deceased, { Write correct name of parents. } *Anna Jones*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *four* Years, *Three* Months, *—* Days.

Color, *Bright* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Wycossia Maryland*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Four Months*

Duration of Residence in the City of Baltimore, *No 320 Crisp St*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) *Consumption*
Second (Immediate,) }

Duration of Last Sickness, *Consumption*

All the above information should be furnished by the Physician.

Place of Burial, *W. Public Cemetery*

Date of Burial, *March 25th 1877*

{ Undertaker, *M. H. C. Perry* Address, *6 South Ed St*
Place of Business, *W. Pratt St*

J. J. Shultz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

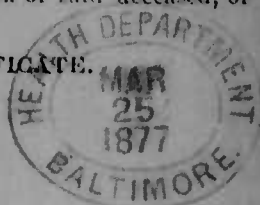
Permit No. 16508

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March - 23.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John T Gable

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

2

Months,

13

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balch.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

152 Johnson St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Tubercular Meningitis.

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

March 25th 1877

Theodore Lett

M. D.

Medical Attendant.

{ Undertaker,

Armstrong & Son

{ Place of Business,

263 Light

Address

146. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16509

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH,

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, / Years,

Months, 25 Days, Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Queen Anne Park

Date of Burial, March 27th 1877

Undertaker, Armstrong & Son

Place of Business, 263 Light St

Address 17 Gammon St

H. B. Babble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...especially invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

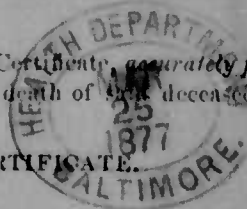
Board of Health, City of Baltimore,

Permit No. *16510*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 24

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John R. Ireland

Sex, Male or ~~Female~~

{ Cross out the word not required in this line. }

Age,

Years,

7

Months,

7

Days.

Color,

White Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Bathrooms

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

38. Peach ally

Cause of Death,

{ First (Primary.) }

Scarumonia

{ Second (Immediate.) }

Phthisis

Duration of Last Sickness,

6. weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

March 25 1877

{ Undertaker,

J. S. Chase

{ Place of Business,

No 198 Howard St

Sheldon Cook

M. D.

Medical Attendant.

Address *146. Howard St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

16511

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,



Permit No. 16511

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 25th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Anton Gasser

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Four Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Single

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give street and number }

39 N. Dearborn St.

Cause of Death,

{ First (Primary) Second (Immediate) }

Enteric fever

Duration of Last Sickness,

25 days

All the above information should be furnished by the Physician

Place of Burial,

St. Agnes Cemetery

Date of Burial,

March 26

C. Edward Miller, M.D.
Medical Attendant

Underlaker,

Wendelin Lippel

Place of Business,

S. Bond St. 151

Address

151 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *16512*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Balto. Cemetery*

Date of Burial, *march 26th 1877*

{ Undertaker, *Hughes & Co*
Place of Business, *65 S. Broadway*

Address

J. J. Hughes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16573*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 25th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Richard Bowen*

Sex, *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, *2* Years, *9* Months, Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *30 Pine Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Scarlet Fever*
Dropsy

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 27th 1877*

Undertaker, *John H. Weaver*

Place of Business, *#22 W. Fayette St*

Geo. G. Brewer M. D.
Medical Attendant.

Address *258 W. Fayette St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *11574*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar 26th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Kohler*

Sex, ~~Male~~ *Female*, { Cross out the word not required in this line. }

Age, *1* Years, *8* Months, *—* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*

Date of Burial, *Mar 27th 1877*

Undertaker, *Wendelin Dippel*

Place of Business,

Bond St

Life
Underling's Court
Teetling
Convolutions
2 days
St. Alphonsus
Mar 27th 1877
Wendelin Dippel
Bond St
Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information George Kohler [OVER.]

Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16575*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 24th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Amelia Jones*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *14* Years, *15* Months, *15* Days.

Color, *Colored*

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto Geo*

Duration of Residence in the City of Baltimore, *Five and a half months*

Place of Death, { Give street and number. } *30 Foster Alley*

Cause of Death, { First (Primary.) Second (Immediate.) } *Catarrh*
Pneumonia

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*

Date of Burial, *March 26*

Eldridge C. Price, M. D.
Medical Attendant.

{ Undertaker, William A. Tugger } Address *262 Madison St*

{ Place of Business, 62 East St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to be filled out, and to be given to the Registrar of Vital Statistics, and to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *11516*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 25*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Nellie Bridgman*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *1* Years, *5* Months, *20* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Bathman*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *400. E. Eager St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Scarletina*

Duration of Last Sickness, *13 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 27th 1877*

Undertaker, *John H. Weaver*

Place of Business, *#22 N. Gay Street*

Address *146. Hanover St*

Thermond Brooks M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

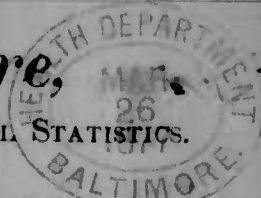
[OVER.]

and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *11517*

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 25th, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Thomas H. Royer,*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *34* Years, *5* Months, *2* Days.

Color, *white,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *carpenter*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Heat Co. Md.*

Duration of Residence in the City of Baltimore, *Twenty eight years,*

Place of Death, { Give street and number. } *4 S. Bond St.*

Cause of Death, { First (Primary), Second (Immediate), } *Apoplexy Pulmonalis*
Exhaustion

Duration of Last Sickness, *One month*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Mar 27th 1877* *G. Clauville M.D.*
Medical Attendant.

{ Undertaker, *William Frey* Address *Balt. 7th St. 26.*

{ Place of Business, *Broadway*

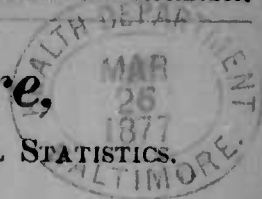
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to last of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,



Permit No. 16578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 26 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Heilwig Hagen*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *3* Years, *4* Months, *—* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *Balto City*

Place of Death, { Give street and number. } *515 North Avenue*

Cause of Death, { First (Primary,) Second (Immediate,) } *Unknown*

Duration of Last Sickness, *sudden*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *March 27 1877* *James H. Stenard* M. D.

{ Undertaker, *H. W. Jenkins*

{ Place of Business, *Light St*

Address *Commissioner of Health*
Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and death of illegitimate children.

Information by the Father

[OVER.]

...and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *11519*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 25 - 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Barrie Sybil*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, _____ Years, *21* Months, _____ Days.
Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) *Measles*
Second (Immediate,) *Cataerhal Fever* }

Duration of Last Sickness, *3 Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *W. Carmel Cemetery*

Date of Burial, *March 27 - 1877*

{ Undertaker, *W.A. Waugh*

{ Place of Business, *74 S. B. B. B. B.*

Address *277 E. Baltimore St.*

James E. Donnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 16520

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,



Permit No. 16520

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Mar 24 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Andrew Kuntz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 Years,

Months,

Days.

Color, white

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Born Dickinson Germany

Duration of Residence in the City of Baltimore,

35 years

Place of Death, { Give street and number. }

417 Division St

Cause of Death, { First (Primary,) Second (Immediate,) }

Intemperance

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 26th 1877

{ Undertaker, Andrew Leitz

{ Place of Business, 118 South Bell Ave

H. J. Hewitt M. D.
Medical Attendant.

Address Per. Henry & Treas.
at 5

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16521

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 24th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Rachel Ford

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

4 Years,

6 Months,

Days.

Color,

white,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt. Md.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

290 E. Fayette St.

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Scarlatina (maligna)
Gastritis

Duration of Last Sickness,

Seven days,

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

March 27/77

Undertaker,

Amesbury

Place of Business,

34 E. Broadway

J. H. Hawville, M.D.
Medical Attendant.

Address Balt. & Wash. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16522*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 25th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Peter Bruspin

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age,

75 Years,

Months,

Days.

Color,

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

32 years

Place of Death, { Give street and number. }

102 Johnson St.

Cause of Death,

{ First (Primary),
Second (Immediate), }

Obstruction of Bowel, invagination.

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Pleasant mch.

Date of Burial,

March 27 1877

R. J. H. Tall M. D.

Medical Attendant.

{ Undertaker,

Charles P. Herold

Address

158 S. Gay

{ Place of Business,

161 Hammond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1632
Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 16523

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael J. Donnelly

Sex, Male or Female; { Cross out the word not required in this line. } Male

Age, 21 Years, Twenty-one Months, Sixteen Days.

Color, Sex,

Married, Single, Widow or Widower; { Cross out the words not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Sixteen years

Place of Death, { Give street and number. } Baker St. No. 6

Cause of Death, { First (Primary,) Epileptic Convulsion
Second (Immediate,) Inflaming of the Brain

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Peter's Cemetery

Date of Burial, March 26, 1877

M. D.

Medical Attendant.

{ Undertaker, Jacob Weaver

{ Place of Business, 4486 Druid Hill Avenue

Address 1731 Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the remarks below, and to List of Diseases on back of this Certificate.

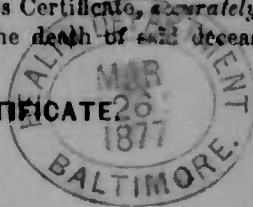
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16524*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~the~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *March 26th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joseph Ball*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *2* Years, *10* Months, *16* Days.
Color, *White* Sex, *Male*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto Co*
Duration of Residence in the City of Baltimore, *5 months*
Place of Death, { Give street and number. } *9 George St*
Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*
Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Harwood County*
Date of Burial, *March 27th 1877* *J. D. Perkins* M. D. Medical Attendant.
{ Undertaker, *P. Kummer* Address *172 Franklin St*
{ Place of Business, *311 Mulberry St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16525*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 23 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Matte James Robinson*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *2* Years, Months, Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Wilhelmina Street*

Cause of Death, { First (Primary,) *Consumption*
Second (Immediate,) *Emphysema*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet Cemetery*

Date of Burial, *March 26*

Undertaker, *J B Cook* Address *107 N. E. Baltimore*

Place of Business, *707 West Baltimore St*

J W Malpas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11526

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Eva May Schlinkman

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

3

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

51. S. Leachman St

Cause of Death, { First (Primary), Second (Immediate), }

Membranous Croup

Duration of Last Sickness,

About 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 27th 1877

W. R. McKnew

M. D.

Medical Attendant.

{ Undertaker, J. S. Cook

{ Place of Business, 16707 W. Baltimore street

Address

582. W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 26th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Otto Robert Maldeis*
Sex, Male ~~Female~~ { Cross out the word not required in this line. }
Age, *3* Years, *9* Months, *—* Days.
Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by F. W. Maldeis Father [OVER.]

Board of Health, City of Baltimore,

Permit No. 16528

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 26. 1894

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Margaret Lightner

~~Sex, Male or Female,~~

Cross out the word not required in this line.

Age,

40 Years,

Months,

Days.

Color,

White

Sex,

~~Married, Single, Widow or Widower,~~

Cross out the words not required in this line.

Occupation,

Deep Maker

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

101 Miller St
P. Hines

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

About One Year

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

28 March 4 O'clock

E. M. Hall Rutter

M. D.

Medical Attendant.

Undertaker,

George C. Rotherman

Place of Business,

38 E. Madison St

Address

157 E. Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *11529*

OFFICE OF REGISTRAR OF VITAL STATISTICS



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 25th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Margeline Runt,

Sex, *Male* ~~or Female~~,

{ Cross out the word not required in this line. }

Age,

2 Years,

9 Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Annapolis, Md.

Duration of Residence in the City of Baltimore,

9 Mo's

Place of Death,

{ Give street and number. }

126 West

Cause of Death,

{ First (Primary),
Second (Immediate), }

Scarlet Fever

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial,

Brooklyn Ave. C.

Date of Burial,

March 27th 1877

R. J. H. Tall, M. D.
Medical Attendant.

{ Undertaker,

Julius Kachler

{ Place of Business,

Cor. Sharp & Cross st

Address

158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 11530

OFFICE OF REGISTRAR OF VITAL STATISTICS



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 12 o'clock

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernst Christian Lenzjake.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 Years, 5 Months, Days.

Color, White.

Married, Single, Widower or Widowed, { Cross out the words not required in this line. }

Occupation, Baker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Gernbach (Baden) Germany.

Duration of Residence in the City of Baltimore, 6 months.

Place of Death, { Give street and number. } 104 Frederic Avenue

Cause of Death, { First (Primary,) Second (Immediate,) } Weakness of old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, 28th of March.

Undertaker, John S. Pauling.

Place of Business, 66 Frederic Avenue

J. C. Reinhardt M. D. Medical Attendant.

Address 761 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16831

OFFICE OF REGISTRAR OF VITAL STATISTICS



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 23rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Birdie Jane Wheeler

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 2 Years,

7 Months,

— Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

3 Race St.

Cause of Death, { First (Primary),
Second (Immediate), }

Phosphorus Eating Matches
Phosphorus

Duration of Last Sickness,

5 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Oliver

Date of Burial, March 27

{ Undertaker, W. W. Ross
Place of Business, 180 W. S. St.

R. C. Lee M.D.
Coroner S.D.
H. W. Cox
Address Hanover Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16832

OFFICE OF REGISTRAR OF VITAL



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Harris.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Two Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } City.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } 201 Eastern Ave.

Cause of Death, { First (Primary.) Second (Immediate.) } Burns.

Duration of Last Sickness, 10 minutes.

All the above information should be furnished by the Physician.

Place of Burial, Home Sweet Home

Date of Burial, March 27th

{ Undertaker, Peter Frey } Address _____

{ Place of Business, 11 Eastern Ave. }

D. Calvert Ireland M. D.
Coroner E. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 14533
Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th March 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bella

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, Days.

Color, White Sex, Female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 50 Parkman Square, Boston.

Duration of Residence in the City of Baltimore, all her life.

Place of Death, { Give street and number. } 50 Parkman Square, Boston.

Cause of Death, { First (Primary,) Second (Immediate,) } Cerebro-spinal Meningitis.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery Harry L. Byrd M. D.

Date of Burial, March 27th 1877 Medical Attendant.

{ Undertaker, William Hoy Address 109 N. Holliday Street

{ Place of Business, Broadway & Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16834



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Mar. 26th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Edith Wilcox

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

4

Months,

7

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

159 Stanford Ave

Cause of Death, { First (Primary), Second (Immediate), }

Capillary Bronchitis
one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

March 27th 1877

{ Undertaker,

Wm. H. Vickman

{ Place of Business,

234 W. Gay St.

Address

166 E. Eager St.

Dr. Brooke Boyle

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 27, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Arnold. (Father)*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *1 1/3* Years, *1 1/3* Months, *1 1/3* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *1 1/3* Days

Place of Death, { Give street and number. } *John St. bet Spring & Eden*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cyanosis or Blue Disease*
Asphyxial

Duration of Last Sickness, *1 1/3* Days

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore cemetery*

Date of Burial, *March 27, 1877*

Undertaker, *Wm. R. Richmond*

Place of Business, *234 N. Gay St.*

Address, *No. 305 N. Caroline St.*

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 27.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Garni B. Lambright

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

16.

Years,

Months,

Days.

Color,

White

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

S. York Avenue

Cause of Death, {

First (Primary),

Second (Immediate),

Phthisis

Duration of Last Sickness,

1 Year

All the above information should be furnished by the Physician

Place of Burial,

Baltimore Cemetery

Date of Burial,

March 28 1877

{ Undertaker,

Charles F. H. H. H.

{ Place of Business,

101 H. H. H.

Herndon Brock M. D.
Medical Attendant.

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 11537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Flatty

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Weeks & 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balis Mo.

Duration of Residence in the City of Baltimore, 5 Weeks & 3 Days.

Place of Death, { Give street and number. } 61 S. Oregon St.

Cause of Death, { First (Primary,) Second (Immediate,) } 1st Jaundice

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 27th 1877

{ Undertaker, J. H. Cook

{ Place of Business, Hotel W. Baltimore street Address 879 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16838

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1 March 25 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth S. Pannum

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Six Years, Months, Days.

Color, red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } rear of 96 n Spring st

Cause of Death, { First (Primary,) Measles
Second (Immediate,) Diphtheria

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician

Place of Burial, Laurel-bem

Date of Burial, March 27 1877

{ Undertaker, John W. Socks

{ Place of Business, 59 S Wolf st

E. C. Baldwin

M. D.

Medical Attendant.

Address 124 n E. st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 11,539

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Connolly
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Two Years, One Months, Nine Days
Color, Yellow
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } 430 S Bethel St Baltimore Md
Duration of Residence in the City of Baltimore, Two years one month & 7 days
Place of Death, { Give street and number. } 430 S Bethel St
Cause of Death, { First (Primary,) Croup
Second (Immediate,) Perchitis
Duration of Last Sickness, Three days
All the above information should be furnished by the Physician.
Place of Burial, Dallas st berr
Date of Burial, March 27 1877
{ Undertaker, John W. Locks
{ Place of Business, 59 S Wolf st Address 60 N Broadway
M. D. Medical Attendant

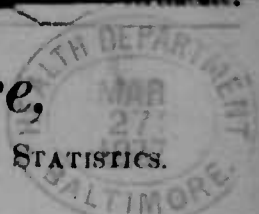
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 145740

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mch 26 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *John Mills*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *40* Years, _____ Months, _____ Days.

Color, *coll*

Married, ~~Single~~, ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, *Laborer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt City*

Duration of Residence in the City of Baltimore, *life*

Place of Death, { Give street and number. } *38 N. Bethel St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*

Duration of Last Sickness, *5 months*

All the above information should be furnished by the Physician.

Place of Burial, *Dallas St Cemetery*

Date of Burial, *Mch 28 1877*

{ Undertaker, *John H. Locke*

{ Place of Business, *Wolf St*

Address *Commiss of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16541*

OFFICE OF REGISTRAR OF VITAL STATISTICS



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *21* Years,

Color,

~~Married~~, Single, ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *March 27 1877*

{ Undertaker, *Wm. C. Dingle*

{ Place of Business, *No 62 east st*

March 23 1877
John Griffin
Male

Months,

Days.

Black

Laborer

Kent Island

7 Years

16 Jew Alley

Phthisis

6 Months

Silas W. Hunter M. D.
Medical Attendant.

Address *111 Greenmount Ave.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 115212

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 26th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *May Virginia Groomes*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *2* Years, *7* Months, *6* Days.

Color, *Black* Sex, *Female*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *2 yrs 7 months & 6 days*

Place of Death, { Give street and number. } *No 1 Wilmore Alley*

Cause of Death, { First (Primary,) *Capillary Bronchitis*
Second (Immediate,) _____

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *David Cemetery*

Date of Burial, *March 27.* *J. H. Gibbons* M. D. Medical Attendant.

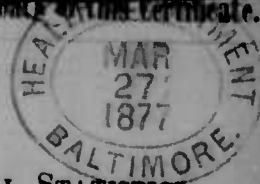
{ Undertaker, *Wm. J. Gray*
{ Place of Business, *47 Edmondson Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,



Permit No. 11543

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 27th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Maggie Watkins*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *one* Years, *three* Months, Days.

Color, *Copper* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *No 14 Gilbert St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Mar 28 77*

A. S. Bowie M. D.
Medical Attendant.

{ Undertaker, *W. H. Chase* Address *No 1 Edmondson St*

{ Place of Business, *188 Howard St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *11574*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *26th March 1877*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Wojciech Philipowski*

Sex, Male or Female, Cross out the word not required in this line.

Age, *4* Years, _____ Months, *24* Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore City*

Duration of Residence in the City of Baltimore, *during lifetime*

Place of Death, Give street and number. *More Street, No. 165*

Cause of Death, First (Primary),
Second (Immediate), *Meningitis cerebro-spinalis inflammation*

Duration of Last Sickness, *2 Days*

All the above information should be furnished by the Physician.

Place of Burial, *St Stephen's*

Date of Burial, *27 March*

Undertaker, *William Dippel*

Place of Business, *131 S. Bond St*

William Huxel

M. D.

Medical Attendant.

Address

S. Wolfert 117

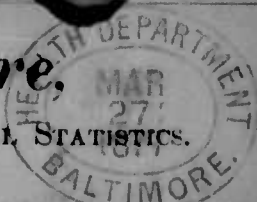
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 165745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 25th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mellie J. Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, One (1) Years,

One (1) Months,

Fourteen (14) Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

16 N. Green St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Phthisis Pulmonalis
Exhaustion

Duration of Last Sickness,

Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 28 1877

Undertaker,

H. C. Miller

Place of Business, 175 Howard St

Address

G. L. Williams M. D.
77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

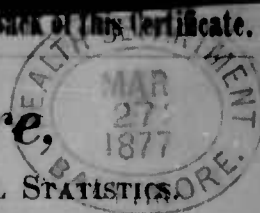
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16526



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Spencer Banks

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, Months, Days.

Color, Brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Northernland Co. Va.

Duration of Residence in the City of Baltimore,

35 years

Place of Death, { Give street and number. }

160 York St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Lengthening of Brain, Basins, For three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Mar 28th 77

Undertaker, W. H. Chase

Place of Business, 15th Howard St

D. M. Hall

M. D.

Medical Attendant.

Address 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph D Dale

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, one Years, nine Months, Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City Maryland

Duration of Residence in the City of Baltimore,

Continued

Place of Death, { Give street and number. }

No 6. Plum Alley

Cause of Death, { First (Primary), Second (Immediate), }

Erysipelas et Pneumonia
Cerebral congestion

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 27th

J. D. Byer

M. D.

Medical Attendant.

{ Undertaker,

J. Davis

{ Place of Business,

103 Lee St

Address

No 144 Hill St
Baltimore MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

HEALTH CERTIFICATE
MAR 27 1877
16548

Permit No. 11548

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar. 26th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ellis P. Coale*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *74* Years, *9* Months, *—* Days.

Color, *White* Sex, *Male*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Keeper of Motion Store*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Harford Co Maryland*

Duration of Residence in the City of Baltimore, *Just 30 years*

Place of Death, { Give street and number. } *SE corner Paca & Saratoga Sts*

Cause of Death, { First (Primary), Second (Immediate). } *Dropsy Coma*

Duration of Last Sickness, *Declining for several months, ill for last two weeks -*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery* *Alfred Powell M. D.*

Date of Burial, *March 27th 1877*

{ Undertaker, *Jacob Weaver* Address *87 Franklin St* Place of Business, *Nos 4 & 6 Druid Hill Ave* }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16549

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar. 27* 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catharine Mendelsohn*
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, _____ Years, _____ Months, *6*
Color, *white*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *167 S. Chapel St*
Cause of Death, { First (Primary,) *Hydrocephalus*
Second (Immediate,) *Life* }
Duration of Last Sickness, _____
All the above information should be furnished by the Physician.
Place of Burial, *St. Alphonsus*
Date of Burial, *Mar 28* 1877 *James A. Menard* M.D.
{ Undertaker, *W. Fawcett* Address *Commissioner of Health*
Place of Business, *246 Eastern Ave* Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

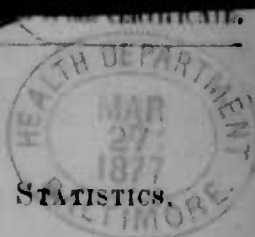
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16550



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 27th, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mrs. Ann Elizabeth Fry*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *Forty Nine* Years, Months, *—* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } *Widow*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Penn^a*

Duration of Residence in the City of Baltimore, *Twelve Years*

Place of Death, { Give street and number. } *No. 10 Etna Lane*

Cause of Death, { First (Primary.) Second (Immediate,) } *Consumption*

Duration of Last Sickness, *Eight Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *Mar 29 1877*

{ Undertaker, *Herwig & Co* Address *No. 139 N. Broadway*

{ Place of Business, *—*

Wm. H. Cleudine, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16557

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant was named, give names of parents. } Catharine Rainey
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, Years, 11 Months, Days.
Color,
Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, 11 months
Place of Death, { Give street and number } 273 N Dallas St
Cause of Death, { First (Primary.) } Pneumonia, Rubella
{ Second (Immediate.) } & Whooping Cough
Duration of Last Sickness, 8 months
All the above information should be furnished by the Physician.
Place of Burial, St Vincent's Cemetery
Date of Burial, March 27/1877
{ Undertaker, James P Byrne }
{ Place of Business, No 63 No Street }
Address, Mr. L. Rainey M. D. Medical Attendant.
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th March 1877. 1 a.m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John J Hand,

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, about 26 Years, Months, Days.

Color, White Sex, Male

~~Married~~, Single, ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, Coach maker.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, { Give street and number. } No 123 E. Madison St.

Cause of Death, { First (Primary,) Second (Immediate,) } Albumenuria
Albumenuria & Nephritis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, new Mt Cathedral Cemetery

Date of Burial, March 24 1877 W C Van Bibber M. D.
Medical Attendant.

{ Undertaker, James P Byrne Address 417 Franklin St.

{ Place of Business, No 63 N Henri

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes White
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 6 Years, Months, Days.
Color, W Sex, F
~~Married, Single, Widowed or Widower,~~ { Cross out the words not required in this line. }
~~Occupation,~~
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
~~Duration of Residence in the City of Baltimore,~~
Place of Death, { Give street and number. } Mosher St
Cause of Death, { First (Primary,) Measles & Pneumonia
{ Second (Immediate,) sick last time 3 weeks
Duration of Last Sickness, but only seem to me four days
All the above information should be furnished by the Physician.
Place of Burial, St. Peter's Bern William Lee M. D.
Date of Burial, March 28th 1877 Medical Attendant.
{ Undertaker, Chas. E. Scriven Address Eutaw St
{ Place of Business, 241 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Maria Kelly

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 15 Years, _____ Months, _____ Days.

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } _____

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 327 E Madison St

Cause of Death, { First (Primary,) Second (Immediate,) } Severe cold
Pulmonary Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Attended by the physician
before he was taken to the

Date of Burial, April 28 1877 M. Hammond M. D.
Medical Attendant.

Undertaker, A. A. B. Lyons

Place of Business, No. 2226 Baltimore St Address 53 N Paca St
Balt-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16535

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mabry, Lee

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, two Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Lombard St Infirmary

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Life

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Prot. Infir. Asylum

Cause of Death, { First (Primary,) Second (Immediate,) } Mal-nutrition
Gastric ulcer
Ulcers

Duration of Last Sickness, Ulcers

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, March 27

{ Undertaker, C. H. Blizzard

{ Place of Business, 201 Pen av

C. F. Brown M. D.
Medical Attendant.

Address 241 Lombard av,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16536*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 27 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Margaret Quirk*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, *68* Years, _____ Months, _____ Days.
Color, *white*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland. 18 years*

Duration of Residence in the City of Baltimore, *18 years*

Place of Death, { Give street and number. } *Addison St*

Cause of Death, { First (Primary),
Second (Immediate), } *Old age*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*

Date of Burial, *March 29 1877* *James H. Stenard* M. D.

{ Undertaker, *James H. Stenard*

{ Place of Business, *from Stenard*

Address *Commissioner of Health
Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by *Mathew Quirk* [OVER.] *son*

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

27th March 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles W. Purnington

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

50

Years,

f

Months,

Days.

Color,

Sex,

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Engineer

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore city

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

13th Castle street

Cause of Death, { First (Primary,) Second (Immediate,) }

Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

C. B. Green M. D.

Medical Attendant.

Date of Burial, March 28th 1877

Undertaker, Jacob Weaver

Address

40 Richmond Street

Place of Business, No. 476 Grand Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,



Permit No. 16558

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ludolph. G. Lindemann
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 45 Years, 1 Months, Days.
Color, White Sex, male
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Tailor
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } 57 Conway St
Cause of Death, { First (Primary,) Second (Immediate,) } Tabes Dorsalis
Duration of Last Sickness, Seven (7) years
All the above information should be furnished by the Physician.
Place of Burial, Druidhill Cemetery
Date of Burial, March 29th 1877
{ Undertaker, Adam Heidemeyer
Place of Business, 518 1/2 W. Baltimore Str.
Address R. E. Cor. Sharp & Conway
M. D. [Signature] Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 27th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Gertrude Ruggold Rasin*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Eleven* Years, *Eleven* Months, *Twenty one* Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt.*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number } *427 N. Central av*

Cause of Death, { First (Primary.) *Scarlatina Maligna*
Second (Immediate,) *Cerebral Congestion* }

Duration of Last Sickness, *Two days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*

Date of Burial, *March 29th 1877* *J. Hartman* M. D.
Medical Attendant.

{ Undertaker, *John H. Weaver*

{ Place of Business, *# 22 W. Fayette St* Address, *# 305 N. Caroline St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16560

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 27th 1877*
 Full Name of Deceased, *Fanny Mary Weir*
 Sex, ~~Male~~ Female, *Female*
 Age, *2* Years, *6* Months, *1* Days.
 Color, *White*

Married, Single, Widowed or Widower, *Single*

Occupation, *None*

Birthplace, *Baltimore City*

Duration of Residence in the City of Baltimore, *2 years & 6 months*

Place of Death, *101 E. Middle St*

Cause of Death, *Pneumonia*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician

Place of Burial, *Greenmount Cemetery*

Date of Burial, *March 29 1877*

Undertaker, *Chas Rosenberg*

Place of Business, *136 E. Fayette St*

J. E. Rummel M. D.
 Medical Attendant.

Address *Broadway & Madison St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Meyerle

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 8 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, 8 years & more

Place of Death, { Give street and number } 407 W. Pratt St.

Cause of Death, { First (Primary,) Second (Immediate,) } Scarlet Fever

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician

Place of Burial, Mount Vernon Cemetery

Date of Burial, March 29th 1877

{ Undertaker, George Seimbach

{ Place of Business, 359 W. Pratt St.

Address 379 W. Lombard St.

A. A. P. S. J. C.
M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 16562

OFFICE OF REGISTRAR OF VITAL STATISTICS,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Millard S. Camden

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4 Years, 4 Months, Days.

Color, White Sex, male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 51 N Poppleton

Cause of Death, { First (Primary,) Second (Immediate, } Pneumonia

Duration of Last Sickness, About 2 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March. 28

{ Undertaker, C. H. Blizard Address No. 360 Lexington St. Balt.

{ Place of Business, 201 Penn av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

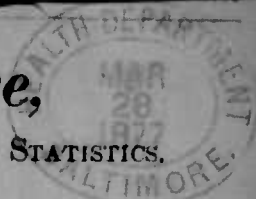
SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 16563

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 26th 1922

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Newton

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

5

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Newtown Ind

Duration of Residence in the City of Baltimore,

5 weeks

Place of Death, { Give street and number. }

Cor Prestman & Gilmer Sts

Cause of Death, { First (Primary,) Second (Immediate,) }

Mal-nutrition
Pulmonary Collapse

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician

Place of Burial,

Robertson Park

Date of Burial,

March 28

Thos. S. Latimer

M. D.

Medical Attendant.

{ Undertaker,

C. W. Fitzgerald

{ Place of Business,

201 Penman

Address

248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 26th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Addie Brown

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

4

Years,

Months,

10

Days.

Color,

cd

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

South Franklin & West Kilmer st.

Cause of Death,

First (Primary.)

Gastro-enteric

Second (Immediate.)

Menigitis

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial,

Maple St. Cemetery

Date of Burial,

March 28th 1877

Undertaker,

William W. Lunge

Place of Business,

1062 East St.

Address

John Noff

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 11565

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd,
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos Payman
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 64 Years, Months, Days.
Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Physician

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore, one week

Place of Death, { Give street and number. } Ball, Infirmary cor Lombard Street

Cause of Death, { First (Primary), Second (Immediate), } Enlarged Prostate Gland
Prostatitis + urinary infection

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Kent County, Md.

Date of Burial, Mar. 2nd 1897

Undertaker, M. A. Daigle

Place of Business, 44 B'way

T. A. Ashby M. D.
Medical Attendant.

Address, Union Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Transit 732

[OVER.]

Board of Health, City of Baltimore.

Permit No. 11566

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~February~~ March 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Isaac Isaac

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 2 Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md

Duration of Residence in the City of Baltimore, _____

Since birth

Place of Death, { Give street and number. }

95 N. Calver St

Cause of Death, { First (Primary), Second (Immediate), }

Colic

Exhaustion - 977

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, Mar 29 1877

Undertaker, M. Goldsmith

Place of Business, 97 Eden St

Thomas B. Arnold, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16567

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 28th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Amanda C Fowler

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

89. Years,

Months,

Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City -

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

136, S. Sharp St.

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Apoplexy

Duration of Last Sickness,

40 hours.

All the above information should be furnished by the Physician.

Place of Burial,

North Street Cemetery

Date of Burial,

March 29th 1877

{ Undertaker,

John Shuchter

{ Place of Business,

No 158 Camden

Address

R. J. N. Tall

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16568

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 27th 1877.*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Caroline Smith*
Sex, Male or Female, { Cross out the word not required in this line. } *Female.*
Age, *27* Years, _____ Months, _____ Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*
Duration of Residence in the City of Baltimore, *27* Years.
Place of Death, { Give street, and number. } *Cor Linden Ave & Mosher.*
Cause of Death, { First (Primary,) *Consumption*
Second (Immediate,) _____ }
Duration of Last Sickness, *4* Months.

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*
Date of Burial, *March 28th 1877*
{ Undertaker, *Jacob Weaver*
Place of Business, *nos 4 & 6 Druid Hill Ave* }
Address *Cor - Linden Ave & Mosher*
Signature *H. G. W. Norris* M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 1877

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11,569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Wilhelmina Talley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Forty Two Years, Four Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Tailoress

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twenty Five Years

Place of Death, { Give street and number. } No. 29 Mc Cubbin St.

Cause of Death, { First (Primary,) Consumption
Second (Immediate,) }

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, Friday 30th March, 1877

{ Undertaker, Messrs. Herwig & Co. } M. D. Medical Attendant.

{ Place of Business, No. 386 Orleans St. } Address No. 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

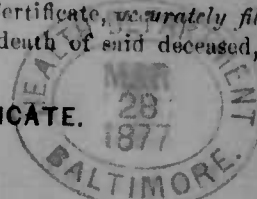
Board of Health, City of Baltimore,

Permit No. 16570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, *March 27 - 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Josephine Cook -*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *19* Years, *7* Months, *3* Days.

Color, *Negro* - Sex, *Female* -

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation, *- City -*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *- City -*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *25 Morris Alley*

Cause of Death, { First (Primary,) *Rheumatic Fever*
Second (Immediate,) *Pneumonia* }

Duration of Last Sickness, *5 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *March 29th 1877*

{ Undertaker, *W. A. Bishop*

{ Place of Business, *103 South Hall Ave*

W. A. B. Bellman M. D.
Medical Attendant.

Laurel Cemetery
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Tully
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Fifty Years, Nine Months, Three Days.
Color, White Sex, Male

Married, Single, Widower or Widowed, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Remittent Fever
Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's

Date of Burial, March 29

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore St.

Beauf. Whitley M. D.
Medical Attendant

Address, Balto. Genl. Bldg.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 27th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Hannah E. Harmon.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

1 Years,

1 Months,

23 Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore Md.

Duration of Residence in the City of Baltimore,

#85 Fredrick Av. Balt. City.

Place of Death, Give street and number.

Cause of Death, First (Primary), Second (Immediate),

Pneumonia, Cerebral Congestion, About 11 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 29, 1877

Undertaker, J.B. Blackiston & Son

Place of Business, 606 Balt St

Address

#845 W. Baltimore St.

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16573

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William A. League

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 49 Years, Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } No 73 N High St

Cause of Death, { First (Primary,) Second (Immediate,) } Chronic Pneumonia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 29th 1877

{ Undertaker, H. W. Deubert Address No 1 S High St

{ Place of Business, Light St

W. H. Siffenauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16574*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *27th March.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Maria Ketti Vies*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *9* Years, *7* Months, *25* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } *300 Chasest.*

Cause of Death, { First (Primary,) } { Second (Immediate,) } *Apoplexie*

Duration of Last Sickness, *1 Day*

All the above information should be furnished by the Physician

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *March 29th/97*

Undertaker, *Geo Schilling*

Place of Business, *Virginia Monument St*

Address *571 Aqueduct*

C. Hoffmann M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *16575*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested, so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 27 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Kate M. Howard*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *2* Years, *3* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *209. Mulberry St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Croup*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician

Place of Burial, *St. Alphonsus Cem.*

Date of Burial, *March 29th 1877*

Undertaker, *Michael France*

Place of Business, *No 280 Canton Ave.*

Address

137 Orleans

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 28 March 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Burns

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } St Vincent's Infant Asylum.

Cause of Death, { First (Primary,) Second (Immediate,) } Malignant Scarlet fever

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's (Catholic) Cemetery

Date of Burial, March 29, 1877

Undertaker, George Saffran

Place of Business, 121 Penn St.

Address 201 W. Bidale St.

Marbury Brewer M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16577*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 21st 1897*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Butler*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *39* Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Porter*

Birthplace, { State or country (and how long to the United States, if of foreign birth) } *Ireland*

Duration of Residence in the City of Baltimore, *27 years*

Place of Death, { Give street and number. } *941 South Spring St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Supposed from history to have been bilious fever - I saw him 4 days before Meningitis*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *March 28th 1897* *Geo. B. Reynolds* M. D. Medical Attendant

{ Undertaker, *Geo. W. Byrne* Address *344 N. Calvert*

{ Place of Business, *57 N. Liberty St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 27th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Jessie B. Lidwood*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *19* Years, *4* Months, Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Barbados*

Duration of Residence in the City of Baltimore, *1 year -*

Place of Death, { Give street and number. } *673 W Lexington St.*

Cause of Death, { First (Primary,) *Diphtheria*
Second (Immediate,) *"*

Duration of Last Sickness, *Eight days -*

All the above information should be furnished by the Physician.

Place of Burial, *My Chapel Cemetery*

Date of Burial, *March 29 1877*

Undertaker, *Jas P Byrne* Address *396 W Fayette St.*

Place of Business, *63 Front St*

Thomas Spie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 16579

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 28th - 11*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Healy*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *White* Years, *8* Months, *8* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Baltimore*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *18 E Monument St*

Place of Death, { Give street and number. } *18 E Monument St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cerebrius*

Duration of Last Sickness, *Several Months*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*

Date of Burial, *March 29th 1877*

Wm Whiting M. D. Medical Attendant.

{ Undertaker, *Jos F Byrne* Address

{ Place of Business, *372 Liberty*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 16580

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *3 Mo 28 " 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Wm J. Pancer*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *22* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Clerk*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *22 years*

Place of Death, { Give street and number. } *17 Clinton Avenue*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*

Duration of Last Sickness, *18 months*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *March 29th 1877*

(Undertaker, *J. Loane*) *W. R. Kelley* M. D. Medical Assistant.

(Place of Business, *568 W. Baltimore St.*) Address *47 Lexington St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. *11581*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 28-1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George Edward Nicholas*
Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }
Age, *One* Years, *Two* Months, *Twenty-six* Days.
Color, *White* — Sex, *Male*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } —
Occupation, —
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*
Duration of Residence in the City of Baltimore, *Since birth* —
Place of Death, { Give street and number. } *989 W. Pratt St*
Cause of Death, { First (Primary,) Second (Immediate,) } *Capillary Bronchitis*
Apnœa
Duration of Last Sickness, *About ten days or two weeks*
All the above information should be furnished by the Physician.
Place of Burial, *Western Cemetery*
Date of Burial, *March 30 1877*
{ Undertaker, *John P. Paulus* Address, *C. C. McDowell M. D.*
290 Madison Ave
Place of Business, *66 Frederick Ave* *91 Frederick Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16582

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 27th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elie Sprout

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

7

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

200 Forest

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

200 Forest

Cause of Death, { First (Primary,) Second (Immediate,) }

Measles

Pneumonia

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cem

Date of Burial,

March 29-77

{ Undertaker,

John J Rodenmayr

Address

{ Place of Business,

Her Summit Ave

6 Monument St

S F Coe

M. D.

Medical Attendant.

134 High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,



Permit No. 11583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1877.
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Conrad Humphreys.
 Sex, Male or Female, { Cross out the word not required in this line. } Male.
 Age, One Years, Four Months, Days.
 Color, White Sex, Male.
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Md.
 Duration of Residence in the City of Baltimore, Since birth.
 Place of Death, { Give street and number. } * 33 Harmony Lane.
 Cause of Death, { First (Primary,) Phthisis Pulmonalis.
 { Second (Immediate,) Exhaustion.
 Duration of Last Sickness, About 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Sweet home
 Date of Burial, March 29th 1877
 { Undertaker, Conrad Hummel
 { Place of Business, 1000 Park Ave.
 Address "Balt. Gen. Dispy"
 Benja. Whitely M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 16584

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27-1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Cook -

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 10 Years, Ten (10) Months, (28) Twenty-eight Days.

Color, Colored Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 40 Tyson St

Cause of Death, { First (Primary,) Second (Immediate,) } Tuberculosis
Asthma

Duration of Last Sickness, (?)

All the above information should be furnished by the Physician.

Place of Burial, Western Public Bur.

Date of Burial, March 29 1877

E. L. McDowell M. D.
Medical Attendant

{ Undertaker, W. H. C. Perry
{ Place of Business, 1118 W. Pratt St

Address 290 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

29
1877

Permit No. 16585

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

3 mo 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Jno F. B. Winkler

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

3 Years,

2 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

317 N. Howard St

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlet fever

Duration of Last Sickness,

3 days.

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

Mar 30

Undertaker

Place of Business,

31 Park Ave

Address

47 Lexington

W. Riley

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

29
1877

Permit No. 16586

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Fisher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Seven Months, Days.

Color, Color

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } 209 Chestnut alley

Duration of Residence in the City of Baltimore, 2 1/2

Place of Death, { Give street and number. } 176 Chestnut alley

Cause of Death, { First (Primary,) Second (Immediate,) } Infantile unknown

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, March 28th

Undertaker, H. H. C. Perry

Place of Business, 448 W. Pratt st

Geo. C. Gyle Coroner M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS



Permit No. 16587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophia Wolf

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 32 Years, Months, Days,

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dublin, Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number } Point Lane, near Annapolis St.

Cause of Death, { First (Primary,) Second (Immediate,) } Nervous Prostration

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, March 29th 1877 Geo. W. Hayson M. D. Medical Attendant.

Undertaker, Geo. W. Richmond

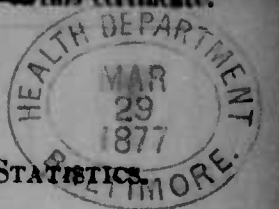
Place of Business, 234 St. Gay St. Address 18 Annapolis St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. *16588*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *29th day of March 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Birkett*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *81* Years, *10* Months, *26* Days.

Color, *White* Sex, _____

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *England (within the U States 45 years*

Duration of Residence in the City of Baltimore, *45 years*

Place of Death, { Give street and number. } *No 420 Lombard St*

Cause of Death, { First (Primary,) Second (Immediate.) } *Cerebral Congestion*
Paralysis

Duration of Last Sickness, *About 20 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 30. 1877*

D. P. Hoffman M. D.
Medical Attendant

{ Undertaker, *J. B. Cook* Address _____

{ Place of Business, *No 707 W Baltimore Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16589



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Etta Neighoff

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 19 Years, 19 Months, 19 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth). } Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, { Give street and number. } 569 W Lombard St

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheria
do

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, London Park Cemetery

Date of Burial, March 29th 1877

Undertaker, J. B. Cook

Place of Business, No 707 W Baltimore Street

M. D. Muhammad
Medical Attendant.

Address 53 N Paca St
Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16590

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 82

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 104 Boyd Street

Cause of Death, { First (Primary,) Old Age

{ Second (Immediate,) 9 months

Duration of Last Sickness, 9 mo.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Church

Date of Burial, March 31st 1877

{ Undertaker, J. B. Cook

{ Place of Business, 707 W. Baltimore

J. A. Stearns M. D.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker — [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16591*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 28th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Marrett Brown*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *female*
Age, *83* Years, Months, Days.
Color, *Col.*
~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Carroll Co Md*
Duration of Residence in the City of Baltimore, *five years*
Place of Death, { Give street and number. } *118 Shriver St*
Cause of Death, { First (Primary.) } *Old age*
{ Second (Immediate,) } *Senile gangrene*
Duration of Last Sickness, *7 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Howard County*
Date of Burial, *March 30th 1877*
{ Undertaker, *J B Cook* }
{ Place of Business, *No 707 N Baltimore Street* }
Address, *90 Pine St*
Hummer & Fox M. D.
Medical Attendant. *114 W. Lombard St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Permit No 733

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16592

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Federick E. Schomberg

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 49 Years, 9 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Suburban

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Prussia (Germany)

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } No 81. Granby St

Cause of Death, { First (Primary.) Second (Immediate.) } Pneumonia Pulmonalis

Duration of Last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, 5th Gun Ref St Paul City

Date of Burial, March 29th 1877

Undertaker, H. Froehlich

Place of Business, 246 Eastern St

Address, 86-27 7th St

H. D. Schomberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16593

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 27th 1897

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Herman Fehnenfeld

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

8

Months,

—

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto City Md.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

27 Elliott St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Pneumonia

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Mt Carmel Cem

Date of Burial,

March 29th 1897

Undertaker,

H. Froehlich

Place of Business,

246 Eastern Ave

Address

No 33 Elliott St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16594

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 28 1877*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Frank Kere*

Sex, Male or Female, Cross out the word not required in this line.

Age, *3* Years, *2* Months, *15* Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) *City*

Duration of Residence in the City of Baltimore, _____

Place of Death, Give street and number. *224 S Bethel*

Cause of Death, First (Primary), Second (Immediate). *Chronic Pneumonia*

Duration of Last Sickness, *three months*

All the above information should be furnished by the Physician.

Place of Burial, *Mt Carmel Cemety*

Date of Burial, *March 30th 1877*

Undertaker, *H. Froehlich*

Place of Business, *246 Eastern Ave*

Address _____

Abraham B. Arnold M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *16595*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 28th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Lizzie Lautbach*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *4* Years, Months, Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore city*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *86 Pennsylvania Av*

Cause of Death, { First (Primary,) Second (Immediate,) } *Scarlet Fever*
hemic convulsions

Duration of Last Sickness, *7 days*

All the above information should be furnished by the Physician

Place of Burial, _____

Date of Burial, _____

{ Undertaker, Place of Business, } _____

Address *143 Mulberry street*

H. Darling M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16,596*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 27 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George Kaiser*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *One* Year, *One* Month, *—* Days.

Color, *White*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Thirteen months*

Place of Death, { Give street and number. } *49 Radawhall Street*

Cause of Death, { First (Primary.) Second (Immediate.) } *Pneumonia*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician

Place of Burial, *St Peters Church*

Date of Burial, *Mar 29 1877*

J. K. Wiley

M. D.

Medical Attendant.

~~Undertaker~~, *Ann Owens*

Place of Business, *63 Mill St*

Address *252 Hanover Street
Baltimore City*

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *11597*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 29th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Victor Davis*
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, *3* Years, *—* Months, *—* Days.
 Color, *White*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, *—*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
 Duration of Residence in the City of Baltimore, *Since birth*
 Place of Death, { Give street and number. } *Cor A. Ann + Washington E*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Whooping Cough*
 Duration of Last Sickness, *12 days.*

All the above information should be furnished by the Physician.

Place of Burial, *St Pauls Cemetery*
 Date of Burial, *1 April 1877*
 Undertaker, *John C. Vituk*
 Place of Business, *26 S. Howard*
 Address, *Abraham B. Arnold M. D. Medical Attendant.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16598*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *27 March 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Clara Bowers*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *1* Years, *3* Months, *10* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *106 Market St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Dentition. Meningitis*

Duration of Last Sickness, *Unknown - was in attendance 4 days*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *March 29* *Marbury Brewer* M. D. Medical Attendant.

{ Undertaker, *Blackburn & Son*

{ Place of Business, *606 W. Balto. St.* Address *201 W. Biddle St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 11599

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th March 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Stevens

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 Years, & same Months, Days.

Color, white Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Charlestown W. Va.

Duration of Residence in the City of Baltimore, about 4 yrs

Place of Death, { Give street and number. } 71 S. Gilman St.

Cause of Death, { First (Primary,) Tuberculosis
Second (Immediate,) Phthisis Pulm.

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 29th

Undertaker, Blackiston & Son

Place of Business, 606 W. Balt. St.

John Hood M. D. Medical Attendant.

Address 274 Hollis St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16600

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29 March 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Belle Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 3 Weeks Days,

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. City

Duration of Residence in the City of Baltimore, House 6 days

Place of Death, { Give street and number. } St Vincent's Infant Asylum

Cause of Death, { First (Primary,) Marasmus Extreme when received
Second (Immediate,) Spasm

Duration of Last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Mch 29 1877

Undertaker, Saml. Bowser

Place of Business, Institution

Address 201 W. Biddle St.

Medical Attendant, Marking Brewer M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William J. Nicholson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

26 Years,

Months,

Days.

Color,

white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Engineer.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

since birth

Place of Death, { Give street and number. }

148 Choptank St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Concussion of Brain
5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

April 1st 1877

Undertaker,

W. A. Daiger

Place of Business,

44 S. Bay

R. W. Mansfield

M. D.

Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gustav Cumble

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, School Teacher

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Poland Russia

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 274 S. Broadway

Cause of Death, { First (Primary,) { Second (Immediate,) } Fatigue degeneration of Heart

Duration of Last Sickness, more or less than one year

All the above information should be furnished by the Physician.

Place of Burial, Baito Cemetery

Date of Burial, Mar. 30 1877

Undertaker, M A Dwyer

Place of Business, 74 S. Broadway

James E. Dinnelle M. D.
Medical Attendant.

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *11603*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 28th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

E. D. Grant

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Twenty Six* Years,

Color, *White*

Months,

Days.

Sex,

Male

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Mariner

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Pennsylvania

Duration of Residence in the City of Baltimore,

Seven days

Place of Death, { Give street and number. }

53 S. Washington St.

Cause of Death, { First (Primary), Second (Immediate), }

Pneumonia
Six days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 29th 1897*

Undertaker, *W. A. Reiger*

Place of Business, *44 W. Broadway*

Nicholas L. Dushnell M. D.
Medical Attendant.

Address *217 S. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

John D. Biskin M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16605*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lulu W. Perkins

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, *5* Years,

— Months, *17* Days.

Color,

Cool and

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. City.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

39 Peach ally

Cause of Death, { First (Primary,) Second (Immediate,) }

*Consumption
2 months*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Mary Cemetery*

Date of Burial, *March 29 1877*

{ Undertaker, *A. McRae*

{ Place of Business, *No 178 1/2 Howard*

R. C. Lee M. D.
Medical Attendant.

N. W. C. W.
Address *Hanover Barr Sts*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 16606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lusie Mc Boston

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 51 ^{1/2} Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

None.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

67 E Fayette St

Cause of Death, { First (Primary), Second (Immediate), }

Hepatitis enlargement of liver & jaundice
abscess of liver, broke internally
producing peritonitis
about two months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Lawden Park Cem

Date of Burial,

Mar 30th 1877

Elias C Price M. D.
Medical Attendant.

{ Undertaker,

Hughes & Co

{ Place of Business,

330 Fayette St

Address

262 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *14607*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 28th - 1897.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Laura J. Higgins

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *30*

Years,

Months,

Days.

Color,

White

Sex,

Female.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

423 E Fayette

Cause of Death, { First (Primary), }

Whe Carriage

{ Second (Immediate), }

Puerperal Fever

Duration of Last Sickness,

17 days

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

March 30th 1897

S. F. Boyner M. D.
Medical Attendant.

{ Undertaker,

Hughes & Co

{ Place of Business,

65 S Broadway

Address

134 High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,



Permit No. *16608*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 29th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Francis A. Lansdale*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *47* Years, *—* Months, *—* Days.

Color, *White* Sex, —

Married, ~~Single~~, ~~Widow~~, ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Oyster & fruit Packer*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *40 years*

Place of Death, { Give street and number. } *464 E. Lombard St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Typhoid Dysentery*

Duration of Last Sickness, *12 days*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery C. P. Irons*

Date of Burial, *March 21st 1877* M. D.
Medical Attendant.

{ Undertaker, *Hughes & Co* Address *406 E. Baltimore St.*

{ Place of Business, *658 Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 16609

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 27th 1877*
 Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *William H. Hilly*
 Sex, Male or Female, Cross out the word not required in this line. *Male*
 Age, *15* Years, Months, Days.
 Color, *white*
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.
 Occupation, *School-boy*
 Birthplace, State or country (and how long in the United States, if of foreign birth.) *Balt. Md.*
 Duration of Residence in the City of Baltimore, *Since birth*
 Place of Death, Give street and number. *75 S. East St.*
 Cause of Death, First (Primary.) *Rheumatism*
Second (Immediate.) *Carditis*
 Duration of Last Sickness, *Two months*

All the above information should be furnished by the Physician

Place of Burial, *Balto Cemetery*
 Date of Burial, *April 1st 1877*
 Undertaker, *Hughes & Co*
 Place of Business, *65 S. Broadway*
G. Glanville, M.D.
Medical Attendant.
 Address *Balt. Wash. St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS



Permit No. *16610*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 29, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

O. B. F. M. L. Jones

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, *2* *years*

Years,

Months,

Days,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Belle

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

890 N. B. St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Primitive lock

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

London Park

Date of Burial,

March 30, 1877

Undertaker,

O. B. Jones

Place of Business,

Address

L. A. Smith

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 16611

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Norton

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, Six Days.

Color, White Sex, _____

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } No. 60 Ramsey street

Cause of Death, { First (Primary), Second (Immediate), } Trismus Nascentium

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, March 30th 1877

{ Undertaker, John S. Masher

{ Place of Business, No 150 Camden

Address 306 N. Fayette street

Chas W Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAR 30 1877
BALTIMORE

No. 16612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 30 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Fulda

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years,

Months, Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

43 Hill St

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia
11 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 1

Undertaker, A. Bruch

Place of Business, Henrietta St 80

H. P. Schott M. D.
Medical Attendant.

Address 17 Hamer St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,...

March 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Frederika Michellina Mergens

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age,

2.

Years,

7

Months,

Days.

Color,

White

Sex,

Female

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. Md

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

99 East Pratt St

Cause of Death, { First (Primary), Second (Immediate), }

Measles
Pneumonia

Duration of Last Sickness,

abt. 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Geo. S. Kinneman M. D.

Date of Burial, 30 of March 1877

Medical Attendant.

{ Undertaker, John Teufel

Address

73 E Pratt St

{ Place of Business, No 26 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 16614

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 29th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Thomas Nicholas Meyer*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *2* Years, *6* Months, Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore city*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *112 Little Green St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pseudo-Membranous Laryngitis*
Suffocation

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *March 30th 1877*

Undertaker, *J. B. Cook*

Place of Business, *No 707 W. Baltimore Street*

C. J. Johnson M. D.
Medical Attendant.

153 S. Lucas St.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

MAR
30
1877

Permit No. *11615*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 29 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George Washington Thorne*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *One* Years, Months, Days.

Color, *White* Sex, *Child,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *"*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *14 Parkin St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria.*

Duration of Last Sickness, *About five days.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peters Cemetery*

Date of Burial, *Mar 30 1877*

W. P. Morgan M. D.
Medical Attendant.

{ Undertaker, John Lancaster
{ Place of Business, Harford Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

30
1877
BALTIMORE

Permit No. 16616

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Charles Reich

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

23

Years,

3

Months,

24

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Barber

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Hebrew Hospital

Cause of Death, { First (Primary,) Second (Immediate,) }

Progressive Bulbar Paralysis

Not known & sudden death

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 30/77

{ Undertaker, G. H. Rossing

{ Place of Business, 136 E. Fayette

J. M. Ellner M. D.
Medical Attendant.

Address

29 D. Sharp Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 166 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 28 77

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John Power

Sex, Male or Female,

Cross out the word not required in this line.

Age,

17 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Ireland

Duration of Residence in the City of Baltimore,

9 years

Place of Death,

Give street and number.

110 S Howard

Cause of Death,

First (Primary,)
Second (Immediate,)

Duchenne's paralysis

Duration of Last Sickness,

About 3 years

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

March 30 77

Undertaker,

J. V. Bell

Place of Business,

40 S. Howard

Address

Sharp near Lee, R.

[Signature] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

30
1877
BALTIMORE

Permit No. 16618

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27 March

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matilda Felton

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~1~~ Years, 18 Months, Days.

Color, ~~Black~~

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 27 Larnes alley

Cause of Death, { First (Primary,) } Bronchitis
{ Second (Immediate,) }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30 1877

C. L. Taneyhill

M. D.

Medical Attendant.

{ Undertaker, Wm J Gray }

{ Place of Business, 66 Mulberry St }

Address 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

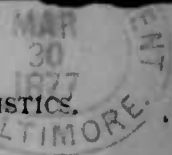
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *16619*

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 29

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary C. Seward

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

2

Years,

11

Months,

9

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Bath

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

462 - Light St

Cause of Death,

{ First (Primary.) }

Measles

{ Second (Immediate.) }

Stitis

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Wetmore

Date of Burial,

March 31

Thermon Cord

M. D.

Medical Attendant.

{ Undertaker,

Amory & Denny

{ Place of Business,

1463 Light St

Address

146 - Hanson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16620

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 29th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Geo. H. Miller,

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

3 Years,

2 Months,

6 Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt. Med.

Duration of Residence in the City of Baltimore,

Since Birth,

Place of Death,

{ Give street and number. }

442 Canton Ave

Cause of Death,

{ First (Primary),

Second (Immediate),

Chronic Meningitis
secondary

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Pauls
5th German Ref. Church

Date of Burial,

March 31st 1877

Undertaker,

H. Froehlich

Place of Business,

246 Eastern Av

Address

Balt. & N. E. C.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 11621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 30 1877*

Full Name of Deceased, *Walburga Hartman* { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *72* Years, Months, Days.

Color, *White* Sex,

Married, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Housekeeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany (28 yrs in America*

Duration of Residence in the City of Baltimore, *28 yrs*

Place of Death, { Give street and number. } *St Joseph Hosp Bldg*

Cause of Death, { First (Primary,) Second (Immediate, } *Apoplexy*
Coma

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *St Anthony's Church*

Date of Burial, *March 31 1877*

{ Undertaker, *Henry Floer* Address *188 N. Calvert St.*

{ Place of Business, *30 Glenwood Ave*

Oscar J. Corbrey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16622*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *29 March 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elizabeth Schulze*

Sex, Male or Female, { Cross out the word not required in this line. } *female*

Age, *69* Years, *8* Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *married*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Marburg, Hapsia. 22 years in U.S.*

Duration of Residence in the City of Baltimore, *22 years*

Place of Death, { Give street and number. } *S. Thayer Street 262*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia of the lungs. Exhaustion*

Duration of Last Sickness, *9 years*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 1st*

{ Undertaker, *Henry Brule*

{ Place of Business, *Hennette St 80*

L. E. Reinhard M. D.
Medical Attendant.

Address *224 W. Fayette Street.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

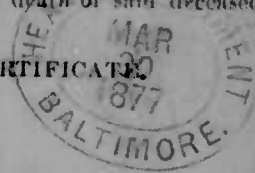
Board of Health, City of Baltimore,

Permit No. 16623

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 30, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Louisa Strohecker

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 220 Years,

One Months, ~~Two~~ Seven Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

14 Browns Lane Meads

Cause of Death, { First (Primary.) Second (Immediate.) }

Pneumonia

Duration of Last Sickness,

Five weeks

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

March 31st

{ Undertaker,

J. P. Paulus

{ Place of Business,

66 Bedford St.

J. P. Paulus M. D.
Medical Attendant.

Address 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

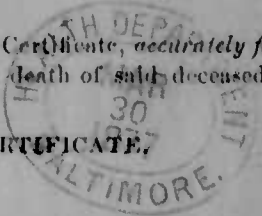
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16624*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 30 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

May Pitts

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

35 Years,

5

Months,

Days.

Color,

Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Anna Arnold (sister)

Duration of Residence in the City of Baltimore,

Six months

Place of Death, { Give street and number. }

142 Chesapeake

Cause of Death, { First (Primary.) Second (Immediate.) }

Inflammation of Bladder

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

E. P. Cemetery

Date of Burial,

Mar 30 1877

J. Jones Williams M. D.
Medical Attendant.

{ Undertaker,

C. Shipley

Address

{ Place of Business,

Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

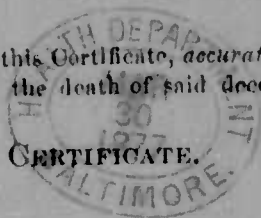
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 29
 Full Name of Deceased, Louise Woknera
 Sex, Male or Female, Female
 Age, One Years, one Months, Days.
 Color, White

Married, Single, Widow or Widower, Single

Occupation, Baltimore City

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First (Primary), Diphtheria
 Second (Immediate),

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus L. O. Woknera M. D.

Date of Burial, March 31 1887 Medical Attendant.

Undertaker, H. Hoceck Address 125 E. 2nd st
 Place of Business, Central Am

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 30th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Rosie Metteney*
Sex, *Male* or Female, { Cross out the word not required in this line. }
Age, *2* Years, *2* Months, *—* Days.
Color, *White* Sex, *Female*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, *—*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*
Duration of Residence in the City of Baltimore, *Life time*
Place of Death, { Give street and number. } *47 Hillman St*
Cause of Death, { First (Primary,) *Measles*
Second (Immediate,) *—*
Duration of Last Sickness, *Two weeks*
All the above information should be furnished by the Physician.
Place of Burial, *St. Peter's Cemetery*
Date of Burial, *31 March 3 o'clock* *E. C. Jordan* M. D.
Medical Attendant.
{ Undertaker, *George C. Pockmeyer* Address *134 St High St*
Place of Business, *38 Calver St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16627*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Maria Louise Hutchinson
Female

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *35* Years, *7* Months, *2* Days.

Color,

White

~~Married~~, Single, ~~Widow~~, { Cross out the words not required in this line. }

Single

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City
Life

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and number. }

No 200. South Avenue

Cause of Death, { First (Primary,) Second (Immediate,) }

Paralysis
(This case has been Paralyzed 25 years.)

Duration of Last Sickness,

Five or 6 days

All the above information should be furnished by the Physician

Place of Burial, *Methodist Grave Yard*

Date of Burial, *April 1st 1877*

Thomas J. Evanson M. D.
Medical Attendant

{ Undertaker, *W. C. Watchman*

{ Place of Business, *191 S. Bond St*

Address *No 18 Jackson Square*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16628

OFFICE OF REGISTRAR/OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 29 - 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Elijah Spence*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *73* Years, Months, Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*
Occupation, *Watchman*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Maryland.*
Duration of Residence in the City of Baltimore, *50 Years*
Place of Death, { Give street and number. } *Eastern Ave near Eden*
Cause of Death, { First (Primary,) *Old Age*
Second (Immediate,) }
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, *M. E. Cemetery, Phila. Road*
Date of Burial, *March 31/77* *James C. Donnell* M. D. Medical Attendant.
{ Undertaker, *Hughes & Co*
Place of Business, *65 S Broadway* } Address *299 E Baltimore St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 29/77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ruth Smith*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *5* Years, *6* Months, Days.

Color, *White* Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Chicago — Ohio —*

Duration of Residence in the City of Baltimore, *4 years —*

Place of Death, { Give street and number. } *753 W. Baltimore St. Baltimore*

Cause of Death, { First (Primary,) *Scarlatina Maligna —*
Second (Immediate,) *" "*

Duration of Last Sickness, *7 days —*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery Thomas Apie M. D.*

Date of Burial, *March 31st* Medical Attendant.

{ Undertaker, *Wm. M. Leonard & son* Address *396 W. Fayette St.*
Place of Business, *782 W. Baltimore St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16630

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David C. Bishop,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years,

Months,

Days.

Color, white,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Proprietor of "Herring Run Course"

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore County, State of Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

332 E. Pratt St.

Cause of Death, { First (Primary), Second (Immediate), }

Peritonitis,
Exhaustion,

Duration of Last Sickness,

One week,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial,

April 2nd 1878

G. Glauville, M. D.

Medical Attendant.

Undertaker, R. S. Sweeney

Place of Business,

No 92 N. Howard

Address

211 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Mar 30 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Andreas Anna Schlauch

Sex, Male ~~or Female~~

(Cross out the word not required in this line.)

(Twin)

(Parents)

Age,

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation,

Birthplace, (State or country (and how long in the United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death, (Give street and number.)

39 S. Register St

Cause of Death,

First (Primary,)
Second (Immediate,)

Premature Birth (8 mos)
asthenia

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

Mar 31 1877

James A. Stearns M.D.

Undertaker,

Wend B. B. B.

Place of Business,

S. Bond St.

Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by L. Raupach M.D. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Ray Jr.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 31-1877

{ Undertaker, J. B. Blackinton & son Place of Business, 606 Batz, st

Address

J. E. Hollister M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March, 30th, 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William M. Pryor*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *10* Years, *10* Months, Days.

Color, *white* Sex, *male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt. & Md.*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *339 Asquith St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Convulsions*

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore and*

Date of Burial, *April 1st 1877* *M. B. Billingslee* M. D. Medical Attendant.

{ Undertaker, *Sam. G. Hickman* Address *Cor. Harford Ave & Baltimore St.*

{ Place of Business, *234 N. Gay St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16634*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 30th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Claud Griffies*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *3* Years, _____ Months, _____ Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *170 Cathedral St. Balto*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *170 Cathedral St*

Cause of Death, { First (Primary), Second (Immediate), } *Idiotcy*
Marasmus

Duration of Last Sickness, *Since birth*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Coffin Buckler* M. D.

Date of Burial, *March 31 early* Medical Attendant.

{ Undertaker, *Thos J. Hughes* Address *135 N Charles, E.*

{ Place of Business, *600 E. Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *14635*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 29th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Thomas Newman*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *20* Years, *7* Months, *.* Days.

Color, *White* Sex, *Male*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *Baltimore Md*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *all his life*

Place of Death, { Give street and number. } *58. Boyd St*

Cause of Death, { First (Primary,) Second (Immediate.) } *Phthisis*

Duration of Last Sickness, *Eight weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's Cemetery* *F. J. Miles* M. D.

Date of Burial, *March 31* Medical Attendant.

{ Undertaker, *J B Cook* Address *24. Cathedral St*

{ Place of Business, *707 W St Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *16636*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 31st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ada Oleria Fowler.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

3

Years,

Months,

24 Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City -

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

770 N Pratt St

Cause of Death,

{ First (Primary),
Second (Immediate). }

Whooping Cough And Scarlet Fever.

Duration of Last Sickness,

Eleven days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

April 1

Undertaker,

J B Cook

Place of Business,

707 West Baltimore St

Address

S W Cor Fayette & Calhoun

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 30, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Elizabeth Hammond*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *forty six* Years, *eight* Months, Days.

Color, *White* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Housewife*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Dorchester Co. Md.*

Duration of Residence in the City of Baltimore, *36 years*

Place of Death, { Give street and number. } *47 Whatecat St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*

Duration of Last Sickness, *9 months*

All the above information should be furnished by the Physician.

Place of Burial, *Mound Street*

Date of Burial, *April 1*

J. H. Christian M. D.
Medical Attendant.

{ Undertaker, *C. H. Buzzard* Address *431 Penna. Ave.*

{ Place of Business, *201 Pen av*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16638

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar 30 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mrs Lucinda O'Brien*
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, *71* Years, _____ Months, _____ Days.
Color, *white*
~~Married, Single, Widow~~ ~~Widower~~, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *48 McHenry St*
Cause of Death, { First (Primary), Second (Immediate), } *Old age*
Duration of Last Sickness, _____
All the above information should be furnished by the Physician.
Place of Burial, *Western Cemetery*
Date of Burial, *April 1 1877*
{ Undertaker, C. H. Blizgar, Address, Commission of Health & Registration }
{ Place of Business, Penn Ave }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 30th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *David Whitson*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *87* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Property agent*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto Co*

Duration of Residence in the City of Baltimore, *67* years

Place of Death, { Give street and number. } *56 2nd Paca St*

Cause of Death, { First (Primary,) *chronic Varicella near of leg*
Second (Immediate,) *Exhaustion* }

Duration of Last Sickness, *4 mo*

All the above information should be furnished by the Physician.

Place of Burial, *St. Charles Cemetery*

Date of Burial, *April 1st 1877*

{ Undertaker, *John H. H. H. H.*
Place of Business, *10 1st St* }

Address *76 2nd Paca St*

J. H. H. H. H. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16640

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *31st. March 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Caroline Rinking*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *3* Years, *6* Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *During lifetime*

Place of Death, { Give street and number. } *Dugans Wharf 110*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia typhosa*
Paralysis Pulmonum

Duration of Last Sickness, *19 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 1*

Undertaker, *Wm. H. Hackmann* Address *S. Walpert. 117.*

Place of Business, *26 York St.*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16641

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31st March, 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Kropf
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 31 Years, 5 Months, — Days.
Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Engineer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Bayreuth, Bavaria, Germany

Duration of Residence in the City of Baltimore, 4 1/2 years

Place of Death, { Give street and number. }

S. Anshut 168

Cause of Death, { First (Primary,) Second (Immediate,) }

Morbus Brightii
Consumption

Duration of Last Sickness, 1 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, April 1st at 4 o'clock P.M.

{ Undertaker, Henry Sander

{ Place of Business, 252 Canton Ave.

William Hessel M. D.
Medical Attendant.

Address S. Wolfstr. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *14642*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar 30th '77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Clarence Worsey*

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, ~~2~~ Years, *15* Months, Days.

Color, *ed* Sex,

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto.*

Duration of Residence in the City of Baltimore, *15 mos*

Place of Death, { Give street and number. } *117 Jew Alley*

Cause of Death, { First (Primary,) Rubella
Second (Immediate,) Asthenia }

Duration of Last Sickness, *3 wks*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*

Date of Burial, *Mar 31 '77*

{ Undertaker, Joseph Worsey
Place of Business, 117 Jew Alley } Address *Balto. Genl. Dir.*

Wm. F. Lockwood
M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16643

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 30 Years, Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, abt. 25 yrs.

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, April 2nd 1877

{ Undertaker, James D. Byrne

{ Place of Business, No 63 N. Front St.

Geo. S. Kennemore M. D.
Medical Attendant

Address 73 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 16644

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 31st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rochus Schene

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 1 Months, 20 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 128 West St

Cause of Death, { First (Primary.) Artificial Nursing
Second (Immediate,) Inanition

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Dec 1 1877

Undertaker, C. F. Traass

Place of Business, Hanover St

Address, Commr of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Bernard Schene [OVER]

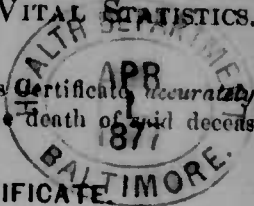
Board of Health, City of Baltimore,

Permit No. 16645

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 1st 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Eliza Jane Griffin

Sex, ~~Male~~ or Female, Cross out the word not required in this line. Female

Age, Twenty Six Years, — Months, fifteen Days.

Color, White Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line. Single

Occupation, None

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, Give street and number. 163 W. Lombard St.

Cause of Death, First (Primary,) Puerperal fever
Second (Immediate,) Pyaemia

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Burial Ground W. Gombel

Date of Burial, April 1st 1877

M. D.

Medical Attendant.

{ Undertaker, J. B. Cook & Co.
{ Place of Business, Baltimore St 707

Address

163 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16646*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, *or sooner, if requested* so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Saturday 12 O. Clock P.M. March 31st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Harry Tracy*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *2* Years, *6* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *# 185 Greenmount Av*

Cause of Death, { First (Primary,) Second (Immediate,) } *Chronic Bronchitis, with Malnutrition, Asthma*

Duration of Last Sickness, *Two Months.*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 2nd*

Undertaker, *Geo. Schelling*

Place of Business, *Virginitz & Co. Greenmount*

Walter Bristow M. D.
Medical Attendant

Address *# 25 1/2 Greenmount Av*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

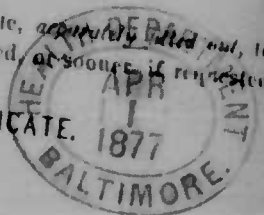
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out, to~~ the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, ~~or sooner if requested~~ so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

March 31st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annie Fleming

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

6

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt. Md.

Duration of Residence in the City of Baltimore,

6 mos.

Place of Death,

Give street and number.

655 Oregon St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Meningitis
5 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

S. P. P. Cemetery

Date of Burial,

April 2nd 1877.

Undertaker,

J. B. Cook

Place of Business,

10707 7th Baltimore street

Address

379 W. Lombard St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th April 1877 at 5 o'clock a. m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Owen Langley

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } male

Age, 69 Years, Months, Days.

Color, white

Sex, male

Married, ~~Single, Widower or Widower~~, { Cross out the words not required in this line. } married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number. } Baltimore City near old Gap house old age

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, April 2 1877 C. C. Richardson M. D.

Medical Attendant.

{ Undertaker, Charles H. Berolzheimer

{ Place of Business, 161 Hanover St. Address 302 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16649

OFFICE OF REGISTRAR OF VITAL STATISTICS
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 77
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } M^{rs} Sarah Schnab
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 53 Years, Months, Days.
Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Steinaach an der Saale Bavaria
Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number. } 69 L. Ave St
Cause of Death, { First (Primary,) Cancer {face neck}
{ Second (Immediate,) }
Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician

Place of Burial, Chest Shulam Cemetery
Date of Burial, April 2nd 1877 Abram B. Arnold, M. D.
Undertaker, M. Langgroot Medical Attendant.
Place of Business, 81 W. 1st St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 2 / 87*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Peter Capple*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *03* Years, *22* Months, *7* Days.

Color, *White* Sex, *Male*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation, *Brick Maker*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *45 years*

Place of Death, { Give street and number. } *4521 N. Avenue*

Cause of Death, { First (Primary,) Second (Immediate.) } *Phthisis Pul*

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *April 2 / 87*

{ Undertaker, *J. W. Jenkins & Son*

{ Place of Business, *16 Light St*

Address *#1 Waverly Place*

Geo. D. Lupton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16657

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 31st 1897

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Thomas F. McAndrews

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

5

Years,

4

Months,

18

Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balk

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

118 Mosher St

Cause of Death,

{ First (Primary),
Second (Immediate), }

Scarlet Fever

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Cathem

Date of Burial,

April 2nd 1897

Undertaker,

Jos. H. Byrne

Place of Business,

57 N. Liberty

Address

23 McCulloch St

C. Winslow

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16652*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 31st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henrietta Victoria Gray

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Twenty Months,

Days.

Color,

Colored

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Twelve months

Place of Death, { Give street and number. }

No 1 Greenwillow St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cerebro Spinal Meningitis
Cerebro Spinal Effusion.

Duration of Last Sickness,

Six days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

April 2 1877

M. D.

Medical Attendant.

{ Undertaker,

J S McPherson

Address

{ Place of Business,

No 178 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

R. W. Mansfield M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 166524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles W. Butts

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, Years, Six Months, 15 Days.

Color, White Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 531 E. Fayette St.

Cause of Death, { First (Primary,) Intermittent fever
Second (Immediate,) Congestion of the brain

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Country

Date of Burial, April 3rd

Undertaker, H. Schultze

Place of Business, 1026 E. Monument St

Address S. E. Cor. Broadway & Pratt.

John S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 1.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bernie L. Wersple

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

1

Years,

3

Months,

9

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

439 Cross

Cause of Death, { First (Primary,) Second (Immediate,) }

pneumonia
Pneumonia

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cem

Date of Burial,

April 3rd 1877.

Thos. H. M. D.

Medical Attendant.

{ Undertaker,

Julius Koehler.

{ Place of Business,

on Sharp and Cross Sts.

Address

146 Harrison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st of April 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Marie Dorothea Dorre

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 56 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number. } Patterson Park Ave

Cause of Death, { First (Primary.) } Cancer of a uteri
{ Second (Immediate.) } Marasmus

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 4th of April 77

{ Undertaker, Frank Michael } Address 245 S. Baltimore

{ Place of Business, 35 Frank St. }

Medical Attendant, J. H. H. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16657

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 30th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary M. Rebecca Jones*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *Three* Years, _____ Months, _____ Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Nothing*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City Maryland*

Duration of Residence in the City of Baltimore, *Continued*

Place of Death, { Give street and number. } *No 245. Eutaw Street*

Cause of Death, { First (Primary.) Second (Immediate.) } *Whooping Cough & Bronchitis
Cerebral Congestion*

Duration of Last Sickness, *Ten Days*

All the above information should be furnished by the Physician.

Place of Burial *Laurel Cemetery*

Date of Burial, *Apr 2nd 1877*

{ Undertaker, _____ } *J. Davis*

{ Place of Business, _____ } *103 Lee St*

J. A. Ayer
M. D.
No 146 Hill St
Address *Baltimore Md*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16658

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 1 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Margaret Cannon

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 55 Years,

Months,

Days.

Color, White

Sex,

Female

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

London, Eng

Duration of Residence in the City of Baltimore,

Unknown

Place of Death, { Give street and number. }

178 W. Fremont St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Apoplexy
16 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, April 1 1877

{ Undertaker, M. H. C. Perry

{ Place of Business, Pratt St

Address

363 Franklin St.

J. H. C. Cuddy

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Parents names Perry and Biah Tilman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, 12 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 425 E. Chase St.

Cause of Death, { First (Primary,) Second (Immediate,) } Premature Birth.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, April 2, 1877

{ Undertaker, C. Shepper } Address 437 E. Chase St

{ Place of Business, Pratt St }

L. C. Gordon, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16660

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Hebricht

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } 30 East. Falls Ave & Pratt. Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 10 ~~Broad~~ Bank St.

Cause of Death, { First (Primary,) Don't know saw child only once
Second (Immediate,) }

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery James E. Durnelle M. D.

Date of Burial, April 2, 1877

{ Undertaker, C. Steeper

{ Place of Business, E. Pratt St

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16661

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April first
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie C. E. Hackmann
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
Age, 36 Years, 4 Months, Days.
Color, White Sex, Female
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany
Duration of Residence in the City of Baltimore, Thirteen (13) years
Place of Death, { Give street and number. } 26 Bank St
Cause of Death, { First (Primary,) Tuberculosis Pulmonum
Second (Immediate,) One year
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemetery Woodliff
Date of Burial, April 2, 1877 M. D.
Medical Attendant
{ Undertaker, Wm. H. Hackmann Address Sharp Corner St
{ Place of Business, 26 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

BALTIMORE

Permit No. 16662

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 2nd 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Archibald Wilson*

Sex, Male or Female, Cross out the word not required in this line. *Male*

Age, *65* Years, Months, Days.

Color, *White* Sex, *Male*

Married, ~~Single~~ ~~Widower~~ Cross out the words not required in this line. *Widower*

Occupation, *—*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Scotland*

Duration of Residence in the City of Baltimore, *40 years*

Place of Death, Give street and number. *162 Mosher St*

Cause of Death, (First (Primary), Second (Immediate),) *Bright's disease Kidneys &c*
do

Duration of Last Sickness, *About 4 months*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *April 2nd 1877*

Undertaker, Place of Business. *Jacob Weaver* *N. 426 Duval Hill Street*

Address *317 Madison Avenue*

J. H. Carey, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret E. Snyder

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 4 Years, 3 Months, 14 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 261 W. Howard St.

Cause of Death, { First (Primary,) Diphtheria & Scarlet Fever.
Second (Immediate,) Hemorrhage of the Lungs.

Duration of Last Sickness, 4 weeks with Primary disease.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 3 1877

{ Undertaker, W. A. Daisey
Place of Business, 74 S. B. Ave.

J. W. C. Cuddy M. D.
Medical Attendant.

Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 1 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henry Schultz*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, Years, *1* Months, *15* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *348 Light*

Cause of Death, { First (Primary,) Second (Immediate,) } *Convulsions*

Duration of Last Sickness, *one day*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *April 2nd*

{ Undertaker, *St. John's* Address *57 Barren*

{ Place of Business, *No 345 Light St*

J. V. Webster M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 1st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mollie C. Crane*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *Five* Years, *Seven* Months, *Three* Days.

Color, *White* Sex, *Female*

~~Married~~, Single, ~~Widow~~, ~~Unmarried~~, { Cross out the words not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Queen Ann Co. Md.*

Duration of Residence in the City of Baltimore, *Five (5) years*

Place of Death, { Give street and number. } *48 Fairmount Avenue*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dysentery*

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery* *John S. Lynch* M. D. Medical Attendant

Date of Burial, *April 3rd*

{ Undertaker, *Geo Schilling* Address *S. E. Co. Broadway, & Ma 17 St.*

{ Place of Business, *Arguith & Monument St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Stewart.

~~Sex~~ Male ~~Female~~, { Cross out the word not required in this line. }

Age, Six weeks Years, Months, Days.

Color, red

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Marion St. 9

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Sharp St. near Fayette (Gulston's Ch.)

Cause of Death, { First (Primary,) Second (Immediate,) } Measles.

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Geo. G. Jay M. D. Medical Attendant.

Date of Burial, April 2 1877

{ Undertaker, Chas. Sturges

Address Balt. Genl. Disp.

{ Place of Business, Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Office of Registrar of Vital Statistics, *City Hall*

Permit No. *16667*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April First 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Anna Bell Beeks

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

3

Years,

1

Months,

6

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City & County, Md.

Duration of Residence in the District of Columbia,

Baltimore. During Life

Place of Death,

Give street and number.

Canton St. No. 25. (Balto City)

Cause of Death,

First (Primary.)

Paraplegia

Second (Immediate.)

Pertussis & Epileptic Spasm

Duration of Last Sickness,

27 days

All the above information should be furnished by the physician.

Place of Burial,

Mount Carmel Cemetery

M. D.

Date of Burial,

April 2

Undertaker,

W. C. Watchman

Place of Business,

191 S Bond St

Ben F. French, Stationer, 613 Fifteenth Street, Washington, D. C.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the District of Columbia.

SEC. 4. That whenever any person shall die within the District of Columbia it shall be the duty of the physician attending such person during his or her last sickness, or of the coroner of the District, when the case comes under his official notice, to furnish and deliver to the undertaker, or other person superintending the burial of said deceased person, a certificate, duly signed, setting forth, as far as the same may be ascertained, the name, age, color, sex, nativity, (giving State or country,) occupation, whether married or single, duration of residence in the District of Columbia, cause, date and place of death, (giving street and number,) and duration of last sickness of such deceased person. And it shall be the duty of the undertaker, or other person in charge of the burial of such deceased person, to state in said certificate the date and place of burial, and, having signed the same, to forward it to the registrar aforesaid within twenty-four hours after such death: *Provided*, that in case of death from any infectious or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter.

[OVER.]

Sanitary Division,

Grant

Board of Health, City of Baltimore,

No. 16668

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 1st.*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Virgil M. Mitchell*
 Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
 Age, *2* Years, *9* Months, *—* Days.
 Color, *White*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*
 Duration of Residence in the City of Baltimore, *Since Birth*
 Place of Death, { Give street and number. } *235 Conway St*
 Cause of Death, { First (Primary,) *Pertussis with Pneumonia*
 { Second (Immediate,) *Congestion of the Brain*
 Duration of Last Sickness, *3 weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Bull Cemetery*
 Date of Burial, *April 3 1877*
 { Undertaker, *Wm. Day*
 { Place of Business, *54 W. Broadway*
 Address *146 Waverley St*
Therodore Costa M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 6669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Carrie Young

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, — 1 Years,

— 3 Months, — 17 Days.

Color, —

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore, —

Since birth

Place of Death, { Give street and number. }

30 China St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Pneumonia
2 months

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, —

Laurie Cemetery

Date of Burial, —

April 3

{ Undertaker, —

Frederick Ross

{ Place of Business, —

180 N. St

n. c. u.

Address Harmon Barns St.

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 1st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Isabella Wilkie*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *2* Years, *2* Months, Days.

Color, *White* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Acquith St. 1013*

Cause of Death, { First (Primary,) Second (Immediate,) } *Tuberculosis 1 month*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Balto. Cemetery*

Date of Burial, *April 3rd 1877*

Undertaker, *G. F. C. Asutt*

Place of Business, *25 Orleans St.* Address

W. S. Mahon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate containing, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 45 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } No. 111 E. Baltimore St.

Cause of Death, { First (Primary,) Second (Immediate,) } Spasms

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore County

Date of Burial, April 3^d 1877

{ Undertaker, H. Froehlich } Address

{ Place of Business, 246 Eastern Ave }

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 18 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 3d 1877

Undertaker, Chas Rosin

Place of Business, E. Fayette St.

M. D. Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31 st March
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Gunning
 Sex, Male or Female, { Cross out the word not required in this line. } Female
 Age, 2 Year Years, 1 Months, Days.
 Color, White Sex, Female
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt City
 Duration of Residence in the City of Baltimore,
 Place of Death, { Give street and number. } 53 E. Eager St
 Cause of Death, { First (Primary,) Measles
 { Second (Immediate,) Capillary Bronchitis
 Duration of Last Sickness, Four days
 All the above information should be furnished by the Physician.
 Place of Burial, Holy Cross Cemetery Wm Whitridge
 Date of Burial, April 12 na M. D.
 { Undertaker, Jas P Byrne Medical Attendant.
 { Place of Business, 63 Nant St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. *16674*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 1st 1897*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Quincy Webster*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *about 7 months*

Months,

Days.

Color, *Caucasian*

Sex, *female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *about 7 months*

Place of Death, { Give street and number. } *Isaacson Alley, No 6*

Cause of Death, { First (Primary,) Second (Immediate,) } *Marasmus*

Duration of Last Sickness, *a lingering sickness*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel cemetery*

Date of Burial, *April 3rd*

Edw. J. White

M. D.

Medical Attendant.

{ Undertaker, *J. C. Jordan*

{ Place of Business, *63 Park Ave.*

Address

109. Ches St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

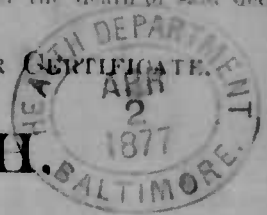
City of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16673
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *April 1. 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *James Tegelin*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *Seven & four* Years, _____ Months, _____ Days.
Color, *White*.
Married, ~~Single~~, ~~Widow~~ Widower, { Cross out the words not required in this line. }
Occupation, *Porter*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*
Duration of Residence in the City of Baltimore, *Unknown*
Place of Death, { Give street and number. } *33 South Castle St.*
Cause of Death, { First (Primary), Second (Immediate), } *Heart disease.*
Duration of Last Sickness, *Half hour*
All the above information should be furnished by the Physician.
Place of Burial, *St. Alphonsus Church*
Date of Burial, *Apr. 3rd 1877* *D. C. Ireland* M. D.
Coroner. E. A. Medical Attendant.
{ Undertaker, *W. H. Brown* Address
{ Place of Business, *10220 Canton Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 31st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Harriet Smith*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *75* Years, Months, Days.

Color, *red* Sex, *Female*

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Talbot Co. Md*

Duration of Residence in the City of Baltimore, *50 years*

Place of Death, { Give street and number. } *5 Stockton alley*

Cause of Death, { First (Primary,) Second (Immediate,) } *Lymphatic Fever*
Meningitis with effusion

Duration of Last Sickness, *Four weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Church*

Date of Burial, *April 3rd 1877*

{ Undertaker, William H. Lutz }

{ Place of Business, 100 S. Stockton ally }

John Neff M. D.
Medical Attendant.

Address *558 W. Fayette St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 1st 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Adie E. Ingham

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Five Years

Place of Death,

{ Give street and number. }

No. 85, S. E. Corner

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Mt. Carmel Cemetery

Date of Burial,

April 3d 1877

M. D.

Medical Attendant.

{ Undertaker,

Thos. S. Hughes

{ Place of Business,

60 E. Baltimore St.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 9 1/2 Years, Months, Days.

Color, White

Sex,

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 4th 77

Undertaker, J. H. Weaver

Place of Business, #22 N. Fayette St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No. 16679



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd / 1877

Full Name of Deceased, Eva Bauer

Sex, Male or Female, Female

Age, 2 Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,

Birthplace, Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, 166 S. Spring St.

Cause of Death, Measles

Duration of Last Sickness, Pneumonia

All the above information should be furnished by the Physician.

Place of Burial, St. Alph. Cem.

Date of Burial, Tuesday, Apr. 3rd 4 P.M.

Undertaker, John Brown

Place of Business, 77 S. Hoofe St.

E. Edw. Miller M.D. Medical Attendant.

Address 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 29 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Anna E. Loudenslager

Sex, ~~Male~~ Female,

{Cross out the word not required in this line.}

Age,

7

Years,

6 Months,

10

Days.

Color,

Married, Single, Widow or Widower,

{Cross out the words not required in this line.}

Occupation,

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Balto. City

Duration of Residence in the City of Baltimore,

Place of Death,

{Give street and number.}

239 Lee St.

Cause of Death,

{First (Primary.)}

{Second (Immediate.)}

Scarlatina

Albuminuria

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Western Lane

Date of Burial,

April 4th

{ Undertaker,

Wm. J. Tiekner

{ Place of Business,

65 S. Eutan

A. J. N. Tall, M. D.
Medical Attendant.

Address 158 P. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Heastman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years,

9 Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore MD

Duration of Residence in the City of Baltimore,

Whole life

Place of Death, { Give street and number. }

No 1 Fronten St

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarletina Anginosa
& days -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 3rd 1877

Silas N. Hunter M. D.
Medical Attendant

Undertaker, Adam Pink

Place of Business, 461 N. Gay St

Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

6682

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH
APR 3
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acc'd 87th filled*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the deceased*,
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

February 15th 1874.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ann Gallagher

Sex, Male or Female,

Cross out the word not required in this line.

Female.

Age,

Forty

Years,

Months,

Days.

Color,

white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Boysen

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Ireland

Duration of Residence in the City of Baltimore,

One Season

Place of Death,

Give street and number.

Back Basin

Cause of Death,

First (Primary.)

Second (Immediate.)

Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

C. P. Clementy

Date of Burial,

April 2nd

Undertaker,

Charles Strayer

Place of Business,

Pratt Street

W. Calowick Ireland M. D.
Coroner E. D.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 16683

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Alonso Chase

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

10

Months,

13

Days.

Color,

Colored

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

7 North St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia Pulmonalis

Duration of Last Sickness,

9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3

Edward P. Mearns

M. D.

Medical Attendant.

{ Undertaker, William A. Longue

{ Place of Business, 62 East St

Address

137 N. Egle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 16684

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2^d April 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Howard Badders

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 9

Color, wlt Months, _____ Days, _____

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto -

Duration of Residence in the City of Baltimore, 9 m

Place of Death, { Give street and number. } 241 Park Ave

Cause of Death, { First (Primary,) Diphtheritic ulceration -
Second (Immediate,) meningitis

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St. Johns County, Ga. G. L. Taneyhill

M. D.

Date of Burial, April 4 1877

{ Undertaker, Geo. C. Rodemann, Address 129 W. Biddle
Place of Business, Emerson St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 16685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah J. Johnson
 Sex, Male or Female, { Cross out the word not required in this line. } Female
 Age, Fifty - Seven Years, Months, Days.
 Color, White

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }
 Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Surveys life

Place of Death, { Give street and number. } No 15 Clinton Av

Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cem

Date of Burial, April 4th 1877

Undertaker, Chas T Scriven M. D.

Place of Business, 271 N. Calver St Address 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 16686

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

2nd April, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Minnie W. Staib

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 Years,

4 Months, 13 Days.

Color, White

Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

765 W. Baltimore St.

Cause of Death, { First (Primary),
Second (Immediate). }

Diarrhea & Gastritis

Menigitis

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 4th

John Hood M. D.
Medical Attendant.

{ Undertaker, J. P. Powlus

{ Place of Business, Fredrick Ave
between Pacin & Polacca Sts

Address 274 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Carroll Horner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, one Years, — Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 189 Chew

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } 189 Chew

Cause of Death, { First (Primary). Second (Immediate). } Pneumonia & Bronchitis

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 4th 1877

Undertaker, Henry W. Mears

Place of Business, 415 N. Gay St. Address

Carl H. Vesper M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of legitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *April 2nd*

Full Name of Deceased, *Georg Rubin Rubin*
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, *Male*
Cross out the word not required in this line.

Age, *Eight* Years, *Eight* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, *—*
Cross out the words not required in this line.

Occupation, *—*

Birthplace, *Balt.*
State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *428 Eastern Av.*
Give street and number.

Cause of Death, *Pneumonia*
First (Primary) Second (Immediate)

Duration of Last Sickness, *Ten days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *April 3rd 1877*

Undertaker, *H. M. Gibmeyer*

Place of Business, *341 Canton St.*

Address, *12 S. Eden St.*

S. Minkewitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Claudia Sandbach*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *S. W. Co Caroline & Fayette*

Cause of Death, { First (Primary,) *Sham* Second (Immediate,) *1 day* }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, *St Paul Cemetery Center*

Date of Burial, *April 4*

{ Undertaker, *Charles Rossing* Address *137 Calver St.*

{ Place of Business, *136 East Fayette*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

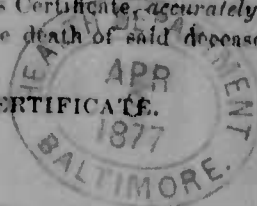
Board of Health, City of Baltimore,

No. 16690

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *April 2d 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Cornelius Smith*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *one* Years, *Eight* Months, Days.

Color, *Colored*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*

Occupation, *Nothing*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City Maryland*

Duration of Residence in the City of Baltimore, *Continued*

Place of Death, { Give street and number. } *No 106 Russel St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Reheala et Pulmonum complications*
Cerebral congestion

Duration of Last Sickness, *Four days*

All the above information should be furnished by the Physician

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 3rd 1877*

{ Undertaker, *J. Davis*

{ Place of Business, *103 Lee St*

J. D. Dyer M. D.
Medical Attendant.
No 144 Hill St
Address *Baltimore, Md*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

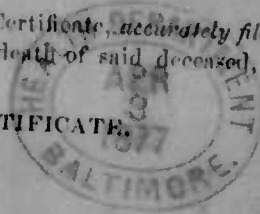
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16691
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *April 2nd 77*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Wm A Manpin*
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, *25* Years, *8* Months, *11* Days.
Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Merchant*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Richmond Va*

Duration of Residence in the City of Baltimore, *3 mos*

Place of Death, { Give street and number. } *184 N Calvert St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Ethmia pulmonalis*

Duration of Last Sickness, *several months*

All the above information should be furnished by the Physician

Place of Burial, *Charlottesville Va.*

Date of Burial, *April 4th 1877*

{ Undertaker, *Geo H. Weaver*

{ Place of Business, *#22 W. Fayette St*

Edmund R Walker M.D.
Medical Attendant.

Address *180 Linden Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 735

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16692
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 1st 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Charles Sachs

Sex, Male or Female, Cross out the word not required in this line. male

Age, 4 Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, Give street and number. 125 N. Spring St

Cause of Death, First (Primary,) Second (Immediate,) meningitis

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Ch

Date of Burial, April 3rd 1877

Undertaker, Henry Hoch

Place of Business, 309 N. Central St

P. G. Danck, M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

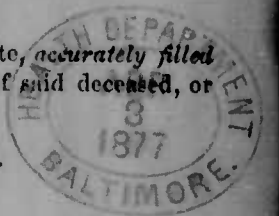
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. M. Davis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One Years, Eight Months, Days.

Color, Copper Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life-long

Place of Death, { Give street and number. } No 85 N. Durham St.

Cause of Death, { First (Primary,) Asthma
Second (Immediate,) —

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3rd 1877

{ Undertaker, John W. Lock Address 75 N. Broadway
Place of Business, 58 S. W. 1st St

Medical Attendant, J. Howard M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 2nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Samuel Howe*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *4* Years, Months, Days.

Color, *Black* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *18 Mc Elderry Court*

Cause of Death, { First (Primary,) Second (Immediate,) } *Bronchitis*

Duration of Last Sickness, *2 Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 3rd 1877*

Undertaker, *John W. Locke*

Place of Business, *57 S. Wolf St*

Address *195 N. Eolen St*

A. E. Stein, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

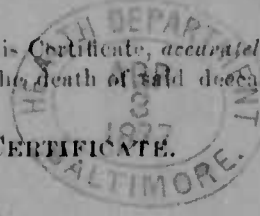
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16695

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 3 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adaline Gill

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 8 Days.

Color, white.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 191 Aliceanna St

Cause of Death, { First (Primary,) Second (Immediate,) } Convulsion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. City

Date of Burial, April 4 1877

{ Undertaker, } Houghes & Co

{ Place of Business, } 65 S. Broadway

Address, Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Wm. H. Gill Father {OVER.}

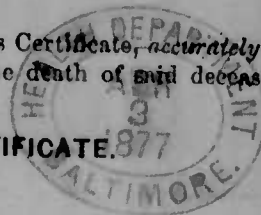
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 2 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophia Elizabeth Simpson
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 03 Years, Months, Days.
Color, White Sex,
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prince George's County, Md.
Duration of Residence in the City of Baltimore, 42 years
Place of Death, { Give street and number. } 424 N. 4th St.
Cause of Death, { First (Primary,) Paralysis
{ Second (Immediate,)
Duration of Last Sickness, 6 days
All the above information should be furnished by the Physician.
Place of Burial, Mt. E. Grave Yard J. Clark Stacey, M. D.
Date of Burial, April 5 Medical Attendant.
{ Undertaker, W. B. Watchman Address 54 Franklin St.
{ Place of Business, 1915 Bond St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

No. 16697

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not
required in this line. }

Age,

Years.

Months.

Days.

Color,

Se'r,

Married, Single, Widowed or Widower, } Cross out the words not
required in this line. }

Occupation,

Birthplace, { State or country (and how
long in the United States, if
of foreign birth. }

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and
number. }

Cause of Death, $\left\{ \begin{array}{l} \text{First (Primary,)} \\ \text{Second (Immediate)} \end{array} \right.$

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

(Undertaker,

(*Place of Business.*

Address

M. D.

Medical Attendant

*Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

No. 16698

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 2nd 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah Volke

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 10 Years,

Months,

18 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore.

Duration of Residence in the City of Baltimore,

since Birth

Place of Death, { Give street and number. }

326 S. Charles St.

Cause of Death, { First (Primary), Second (Immediate), }

Malignant
Scarlatina

Duration of Last Sickness,

7 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

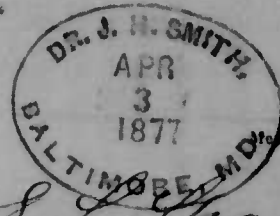
Date of Burial, April 4th 1877.

Undertaker, W. B. Smith

Place of Business, 90 S. Howard St.

Address

108 S. Sharp St.



M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 2^d 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Michael Welsh-

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

2 Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto City-

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

289 S. Eutaw St.

Cause of Death,

{ First (Primary),
Second (Immediate), }

Inflammation of Brain -
4 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Old Cathedral

Date of Burial,

April 4th 1877

{ Undertaker,

F. N. Toll

{ Place of Business,

90 S. Howard St.

R. J. N. Tall

M. D.

Medical Attendant.

Address

158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

16700

OFFICE OF REGISTRAR OF VITAL STATISTICS



Physician who attended any person in a last illness is responsible for the presentation of this Certificate, or the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or as soon as it is requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Catherine Vitzthum

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

4

Years,

11

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Harford road

Cause of Death, { First (Primary), Second (Immediate). }

Diphtheria - Diphtheria Croup

apnoea

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Bell Cemetery

Date of Burial,

April 4, 1877

F. A. Warner

M. D.

Medical Attendant.

Undertaker,

Chas. R. R. R.

Place of Business,

136 E. Bay St.

Address

256 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 16701



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph + Ellen D. Amott

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, 7 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 584 Lexington St

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } Michigan St

Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery of H. R. W. M. D.

Date of Burial, April 4th

Undertaker, Wm. H. Leonard & Son

Place of Business, 782 N. Baltimore St

Address, 104 N. Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.



16702

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* by the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 2d 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Levi Perry*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *65* Years, *four* Months, *twelve* Days.

Color, *White*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *Formerly shoe business now Leather*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *New Bedford Mass*

Duration of Residence in the City of Baltimore, *thirty four years*

Place of Death, { Give street and number. } *N E Cor Biddle & Caroline St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Pneumonia & Dilatation of Heart*
Dilatation of heart Hydrothorax & recent
congestion of left lung
over two years

Duration of Last Sickness, *over two years*

All the above information should be furnished by the Physician.

Place of Burial, *Not Olivet Cemetery*

Date of Burial, *April 4th 1877*

Elias C Price M. D.
Medical Attendant.

{ Undertaker, *John Schaefer*

{ Place of Business, *No 150 Camden*

Address *262 Madison St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877

BALTIMORE.

No. 16703

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 3 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Kauffman

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

57

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

married.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

18 years

Place of Death, { Give street and number. }

223 W. Fayette St.

Cause of Death, { First (Primary), Second (Immediate). }

Cancer of chest.
Oedema of lung.
6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Lloyd St Cemetery

Date of Burial, April 6th 77

Abraham Arnold M. D.
Medical Attendant

{ Undertaker,

Yon Eilau

{ Place of Business,

101 Gough St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 16704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 3rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Lice Smith*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. } *Female*

Age, *2* Years, *11* Months, Days.

Color, *White* Sex, *Female*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *West Morland Co Va*

Duration of Residence in the City of Baltimore, *10 mo.*

Place of Death, { Give street and number. } *99 E Pratt St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Heart*

Duration of Last Sickness, *11 days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*

Date of Burial, *April 5th 1877*

Geo S Kennerly M. D. Medical Attendant

{ Undertaker, *Thos S Hughes* Address *73 E Pratt St Balto*

{ Place of Business, *10 E Balto*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16705

Physician who attended any person in a last illness is responsible for the presentation of this certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 2^d Apr 77
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Amey Bull
Sex, Male or Female, { Cross out the word not required in this line. }
Age, — Years, 11 Months, — Days.
Color, —
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, —
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } — Md.
Duration of Residence in the City of Baltimore, —
Place of Death, { Give street and number. } 160 N. Eutan St
Cause of Death, { First (Primary,) Tubercular meningitis.
Second (Immediate,)
Duration of Last Sickness, Two and 1/2 days
All the above information should be furnished by the Physician.
Place of Burial, Green Mount Cemetery
Date of Burial, April 4th, 1877
{ Undertaker, Geo J Hughes
Place of Business, 10 E Baltimore } Address 129 W. 2^d St.
M. D. J. S. Taneyhill
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

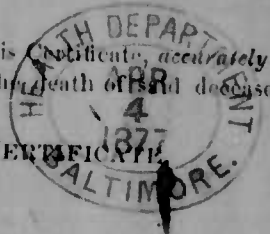
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16706

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *April 1st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary F. Dorsey*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *12* Years, Months, Days.

Color, *colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Servant*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. Md.*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *34 S. Chappel St.*

Cause of Death, { First (Primary), Second (Immediate), } *Phtisis Pulmonalis*

Duration of Last Sickness, *Two months*

All the above information should be furnished by the Physician.

Place of Burial, *E. Pub Cemetery*

Date of Burial, *April 4, 1877*

Undertaker, *C. Shepperd*

Place of Business, *Pratt St*

Address *Balt. & Wash. eb.*

G. Clauville, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

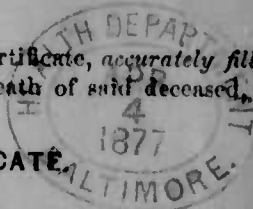
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *April 3rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ida Mattheus*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, *11* Months, *2* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *Life term*

Place of Death, { Give street and number. } *109 Bank St.*

Cause of Death, { First (Primary,) *Measles*
Second (Immediate,) *congestion of lungs* }

Duration of Last Sickness, *Ten days*

All the above information should be furnished by the Physician.

Place of Burial, *Bella Cemetery*

Date of Burial, *April 5th 1877*

{ Undertaker, *Hughes & Co*
Place of Business, *65 S Broadway* Address *54 S. Broadway*

John S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

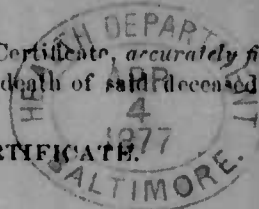
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16708

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *April 4th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Janie Lynch*
Sex, *Male or Female*, { Cross out the word not required in this line. }
Age, *Seventy eight* Years, *five* Months, *ten* Days.
Color, *White*
Married, *Single*, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *England*
Duration of Residence in the City of Baltimore, *Twenty seven years*
Place of Death, { Give street and number. } *37 Hollanda St.*
Cause of Death, { First (Primary,) *Asthma*
Second (Immediate,) *Dropsy* }
Duration of Last Sickness, *Eleven weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Louisa Park Cemetery*
Date of Burial, *April 5th 1877*
{ Undertaker, *Geo W. Spencer* Address *524 Franklin*
{ Place of Business, *206 Lower St.* }
J. C. Blay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elieus Lewis

Sex, Male or Female; { Cross out the word not required in this line. }

Age, 49 Years, 5 Months, 7 Days.

Color, Colored Sex,

Married, Single, Widower or Widowed; { Cross out the words not required in this line. }

Occupation, Bricklayer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Schuettstown Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } No 43 Jefferson St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Pulmonary Hemorrhage

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5 1877

{ Undertaker, Wm. Dungee

{ Place of Business, No 104 East St

Francis A. Sauer M. D.
Medical Attendant.

Address S. E. Cor. Jefferson
& Central Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16710

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Mar 31st 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents.

Estelle Sanders

Sex,

~~Male~~ or Female,

{ Cross out the word not required in this line.

Age,

Years,

Months,

14

Days.

Color,

Blk

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number.

6 Short Alley

Cause of Death,

{ First (Primary),

{ Second (Immediate),

Convulsions

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

April 4th 1877

{ Undertaker,

W. M. Dungey

{ Place of Business,

East St

Address

Commissioner of Health
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

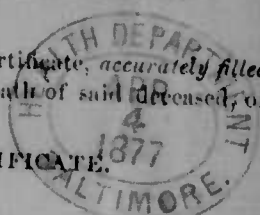
Information by Dr. Johnson Midwife [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *April 3d, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Belia Kardeniski*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, Years, *7* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City, Md.*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *290 S. Ann St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Acute Pneumonia*

Duration of Last Sickness, *4 days.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus, Care of John Reiberger, M. D.*

Date of Burial, *April 4th*

{ Undertaker, *Theophilus Dippel* Address *243 Alice Anna St.*

{ Place of Business, *15 South Bond St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16712
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Jane Davidson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Eighteen Years, Months, Days.

Color, Black Sex, Female

Married, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, Washer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Talbot County Md

Duration of Residence in the City of Baltimore, Three Years

Place of Death, { Give street and number. } No 1 Chestnut Alley Court

Cause of Death, { First (Primary,) Sub acute Inflammation of Brain
Second (Immediate,) }
Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery S. M. Anderson M. D.

Date of Burial, April 4 1877 Medical Attendant

{ Undertaker, S. W. Chase Address Franklin & Pine St
{ Place of Business, No 198 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

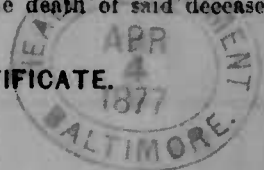
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *April 2nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ester Johnson*

Sex, *Male or Female*, { Cross out the word not required in this line. } *Female*

Age, *107* Years, *—* Months, *—* Days.

Color, *Caucasian* Sex, *Female*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Widow*

Occupation, *Washerwoman*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Same as mother*

Duration of Residence in the City of Baltimore, *30 years*

Place of Death, { Give street and number. } *102 King St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dropsy*
Old age

Duration of Last Sickness, *2 years (Consumption)*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 4 1877*

Undertaker, *S. W. Chase* Address *284 E. Green St*

Place of Business, *1878 Howard*

J. A. Gillies M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Her age is taken from papers written by her sister April 20th 1852 [OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 3rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joseph Augustus Reiger*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *2 mo.* Years, *one* Months, Days.

Color, *White* Sex, *Male*

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } *Child*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *Entire life time*

Place of Death, { Give street and number. } *143 Jefferson St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Sequela of Rubella. Coma*

Duration of Last Sickness, *about 29 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cem.*

Date of Burial, *April 5th 1877*

Undertaker, *Wm. Ferry*

Place of Business, *544 N. Broadway*

Address *1 1/2 S. Euter St.*

D. Webster Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

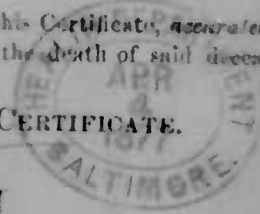
6715

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* by the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *April 3 1897*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Maggie Miller*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *1* Years, *11* Months, *15* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Housewife*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *25 years*

Place of Death, { Give street and number. } *1012 1/2 S. E. Ave.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Pneumonia*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *St. Thomas Church*

Date of Burial, *April 5 1897*

Undertaker, *James Miller*

Place of Business, *354 Kenton St.* Address

J. J. Galt M. D. Medical Assistant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

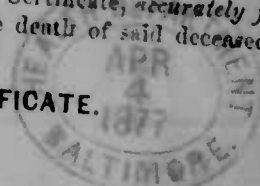
No. 16716

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

April 2nd

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Charles J. Bailey

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

15

Years,

Months,

Days.

Color,

Colored

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Laborer

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

215 Tenth St.

Cause of Death,

First (Primary),

Second (Immediate),

Typhoid

Pneumonia

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

April 4th 1877

Undertaker,

Wm. H. Smith

Place of Business,

103 Smith Hill Ave.

Address

537 W. St. John St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
Baltimore
1877

[OVER.]

Board of Health, City of Baltimore,

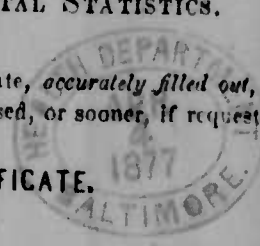
OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, April 2nd 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Wesley Murphy
Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male
Age, 5 Years, 9 Months, 2 Days.
Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word is not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, M. E. B. Phil. Road

Date of Burial, April 4th 1877

Undertaker, M. N. Dwyer

Place of Business, 711 S. Broadway

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 80 Years, Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate, }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 2nd 1877 -

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Johanna R. Carner.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years,

Eight

Months,

Days.

Color, Mulatto

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto. Md.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

15 Schuman St.

Cause of Death, { First (Primary),
Second (Immediate), }

Scrapie

1st. 2nd. 3rd.

Duration of Last Sickness,

2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 4 1877

John J. King

M. D.

Medical Attendant.

{ Undertaker, Wm. J. King

{ Place of Business, 100 E. Pratt St.

Address

Edmund Ave

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*
 Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
 requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *April 3^d 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Israel Sumner*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *5^{1/2}* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Tailor*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *French City*

Duration of Residence in the City of Baltimore, *12 years*

Place of Death, { Give street and number. } *120 Hazlett St*

Cause of Death, { First (Primary), Second (Immediate). } *Organic Disease of Heart, Sudden Death*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Frederick Mtd.*

Date of Burial, *April 5th 1877*

{ Undertaker, *Jacob Weaver*

{ Place of Business, *Nos 4 & 6 David Hill St*

Geo G Cyle Coroner, M. D.
 Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of
 Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 737

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or other, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April, 3rd 1877, 3 A.M.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Hennesey
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 2 Years, 7 Months, 6 Days.
Color, White
~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } 75 S. Central Av
Cause of Death, { First (Primary,) Measles
Second (Immediate,) Pneumonia
Duration of Last Sickness, Attended one day
All the above information should be furnished by the Physician.
Place of Burial, St Vincent's Cemetery
Date of Burial, April 4th J. H. S. M. D.
Medical Attendant.
{ Undertaker, Jas P. Byrne
Place of Business, 11 S. High St.
Address 11 S. High St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

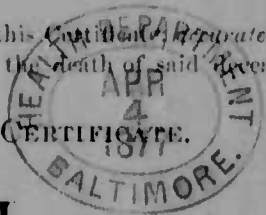
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16723

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, or the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *April 4 1877*
 Full Name of Deceased, *Mary Thomas*
 Sex, ~~Male~~ Female, *Female*
 Age, *87* Years, _____ Months, _____ Days.
 Color, *BLK*
~~Married~~ *Single* ~~Widow~~ *Widow*
 Occupation, _____
 Birthplace, *G. A. Co Md*
 Duration of Residence in the City of Baltimore, *70 years*
 Place of Death, *6 Bedford St*
 Cause of Death, *old age*
Senile decay
 Duration of Last Sickness, *6 months*
 All the above information should be furnished by the Physician.
 Place of Burial, *Laurel Cemetery*
 Date of Burial, *April 5 1877*
 Undertaker, *S. W. Chase*
 Place of Business, *S. Eutaw St*
 Address, *Commissioner of Health*
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

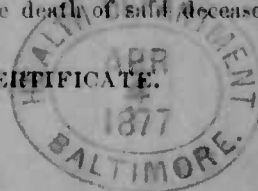
Information by *Curilla Adams* *Daughter in Law*

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16724
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 4 April 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Doremea
Sex, Male or Female, { Cross out the word not required in this line. } male
Age, Years, Months, 21 Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Foundling
Duration of Residence in the City of Baltimore, 10 days
Place of Death, { Give street and number. } St Vincent Infant Asylum
Cause of Death, { First (Primary.) Marasmus
Second (Immediate,) 19 months of age
Duration of Last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery
Date of Burial, March 6 1877
Undertaker, Paul Bowen
Place of Business, 156 Division St.
Marbury Brewer M. D.
Medical Attendant.
Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 16725



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Schneider

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, 6 Days.

Color, white.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number. } 29 Cannon St.

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheria nascentium.

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician

Place of Burial, Trinity Burying Ground

Date of Burial, April 5th 1877. A. F. Esch M. D.

Medical Attendant.

Undertaker, H. Froelich

Place of Business, 246 Easton St. Address 74 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



16726
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or later, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Elliott
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 18 Years, Months, Days.
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, Laborer
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto. City
Duration of Residence in the City of Baltimore, Since birth
Place of Death, { Give street and number. } 59 Davis St.
Cause of Death, { First (Primary,) Second (Immediate,) } Consumption
Duration of Last Sickness, 6 months
All the above information should be furnished by the Physician.
Place of Burial, Rev. Cathedral
Date of Burial, April 5th 1877
{ Undertaker, John C. Jordan } W. W. C.
{ Place of Business, No 63 Park Ave } Address Hanover & Barré Sts.
R. C. Lee M. D.
Medical Attendant.

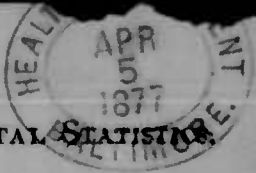
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS



No. 16727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 4th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Robert Simenon*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *4* Years, *5* Months, *—* Days.

Color, *white* Sex, *male*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Philadelphia Pa*

Duration of Residence in the City of Baltimore, *2 years*

Place of Death, { Give street and number. } *N. 20 New Church Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Measles*
Pneumonia

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *E. Pub Cemetery*

Date of Burial, *April 5th 1877* *H. Salzer* M. D.
Medical Attendant.

{ Undertaker, C. Shupek Address 165 W. Lombard
{ Place of Business, Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



No. 16728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 4th*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Simon Goodhand*
 Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
 Age, *27* Years, Months, Days.
 Color, *White* Sex, *Male*
 Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }
 Occupation, *Letter Carrier*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *London, England*
 Duration of Residence in the City of Baltimore, *26 years*
 Place of Death, { Give street and number. } *No 19 Hudson Alley*
 Cause of Death, { First (Primary,) } *Phthisis*
{ Second (Immediate,) }
 Duration of Last Sickness, *12 months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cem*
 Date of Burial, *April 5th 1877* *W. H. Carroll* M. D. Medical Attendant.
 { Undertaker, *Wm. J. Scriven* Address *Woodberry Baltimore*
 { Place of Business, *2711 E. Euter*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



No. 16729

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, or the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or later, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } William Hitchens
Sex, Male ~~Female~~, { Cross out the word not required in this line. }
Age, 57 Years, Months, Days.
Color, Colored
Married, ~~Single, Widowed, or Divorced~~, { Cross out the words not required in this line. }
Occupation, Wood Shuckster
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Dorchester Co Md
Duration of Residence in the City of Baltimore, 40 years
Place of Death, { Give street and number. } 83 S. Durham Street
Cause of Death, { First (Primary), Second (Immediate), } Consumption
Duration of Last Sickness, one year
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, April 6th 1877 James A. Hensley M. D.
{ Undertaker, John H. Locke }
{ Place of Business, Wolf St } Address, Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Hitchens Brother

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18730



Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 4th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Egan*

~~Sex~~ Male or Female, { Cross out the word not required in this line. }

Age, *48* - Years, *2* Months, *1* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland*

Duration of Residence in the City of Baltimore, *31 years*

Place of Death, { Give street and number. } *George St.*

Cause of Death, { First (Primary), Second (Immediate), } *Cancer of Stomach*

Duration of Last Sickness, *About one year*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Church*

Date of Burial, *April 6th 1877*

Undertaker, *Jos. P. Byrne*

Place of Business, *379 N. E. St.*

Chas. O'Donovan M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



At No. 16731

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 4th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William J. Prescott*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *One* Years, *Seven* Months, *Twenty* Days.

Color, *White* Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *259 South Broadway*

Cause of Death, { First (Primary,) Second (Immediate,) } *Scrofula Pyaemia*

Duration of Last Sickness, *Three or four months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Anne's Cemetery* *J. E. Hooks* M. D. Medical Attendant.

Date of Burial, *Apr 6th 1877*

{ Undertaker, *Hughes & Co* Address *179 E Balto St*

{ Place of Business, *655 Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



No. 16732

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* by the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 5 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George H. H. H.*
 Sex, Male or Female, { Cross out the word not required in this line. } *Male*
 Age, Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), } *Hydrocephalus*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *Apr 9/77*

{ Undertaker, *Hughes & Co*

{ Place of Business, *65 S. Broadway*

Address

M. D.

Medical Attendant.

• Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 16733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Leander J. & Anna S. Doll

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } (Parents)

Age, _____ Years, _____ Months, _____ Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 245 Linnah Street

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } 245 Linnah Street

Cause of Death, { First (Primary,) Remission with heart { Second (Immediate,) _____

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 5 M. D.

{ Undertaker, J B Cook

{ Place of Business, 707 West Baltimore Address 137 E. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,



No. 16734

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William H. Mercer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years,

8 Months, 12 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. Md

Duration of Residence in the City of Baltimore,

Whole life

Place of Death, { Give street and number. }

239 Forest St

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlet Fever - 11 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 5 - 1877

Silas W. Hunter M. D.
Medical Attendant.

Undertaker, John J. Rodenmayer

Place of Business, 111 Greenmount Ave

Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16736

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 4 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Lelia Scott. (Mother)

Sex,

Female,

Cross out the word not required in this line.

Age,

Years,

Months,

5

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

16 Stockton alley - Near Hollins

Cause of Death,

First (Primary),

Premature Births

Second (Immediate),

Inanition

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial,

N. Pub Cemetery

Date of Burial,

April 5 1877

Undertaker,

M. H. C. Perry

Place of Business,

Pratt St

Address

Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Annie James-Midwife [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 16737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank G. Hogg

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 Years, Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 102 Calvary St

Place of Death, { Give street and number. } Calvary Episcopal Church

Cause of Death, { First (Primary,) Second (Immediate,) } 10 days

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem R. H. K... M. D.

Date of Burial, April 6 Medical Attendant.

{ Undertaker, Joseph Loan Address 554 N. Fayette St

{ Place of Business, 111 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

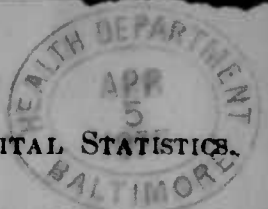
SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16738



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 4. 77*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Maudie A Jefferson*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, *1* Years, *8* Months, *—* Days.
Color, *Black* Sex, *Female*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, *—*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Norfolk Virginia*
Duration of Residence in the City of Baltimore, *1 month*
Place of Death, { Give street and number. } *274 M. E. Donough. St.*
Cause of Death, { First (Primary,) *Convulsions*
Second (Immediate,) *by exhaustion*
Duration of Last Sickness, *2 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*
Date of Burial, *April 6th 1877* *M. E. O'Reilly* M. D. Medical Attendant.
{ Undertaker, *John W. Locks*
Place of Business, *Wolf Street* Address *235 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March, 31st 1877.*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Patrick McGee,*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *Fifty-five* Years, _____ Months, _____ Days.
Color, *White*
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, *Unknown*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland*
Duration of Residence in the City of Baltimore, *Unknown*
Place of Death, { Give street and number. } *31. Eastern St.*
Cause of Death, { First (Primary,) *Internal injuries -*
Second (Immediate,) _____ }
Duration of Last Sickness, *3 months.*

All the above information should be furnished by the Physician.

Place of Burial, *Cath. Cem.*
Date of Burial, *April 5th 1877*
{ Undertaker, *Jos. A. Byrne*
Place of Business, *27 N. Liberty St.* }
D. Caldwell Ireland M. D.
Coroner E. W. Medical Attendant.
Address _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cora A Koffelman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 5 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 384 Franklin

Cause of Death, { First (Primary,) Scarlet fever
Second (Immediate,) }

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery J T Knight

Date of Burial, April 6th 1877 M. D.

{ Undertaker, Jacob Weaver Medical Attendant.

{ Place of Business, 260 4th 6th Dravid Hill Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16741



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 4, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Charlotte Ann Taylor

Sex, ~~Male~~ Female,

{Cross out the word not required in this line.}

Age,

38

Years,

Months,

Days.

Color,

Colored

~~Married~~ Single, ~~Widow~~ ~~or~~ Widower,

{Cross out the words not required in this line.}

Occupation,

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Baltimore City

Duration of Residence in the City of Baltimore,

all life

Place of Death,

{Give street and number.}

111 Mulliken St

Cause of Death,

{First (Primary,) Second (Immediate,)}

Consumption

Duration of Last Sickness,

5 months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

April 6, 1877

Samuel S. Sturges

M. D.

{ Undertaker,

John W. Locke

{ Place of Business,

Wolf St

Address

Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and death of illegitimate children.

Information by Thaddeus Taylor Brother [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 16742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar 4 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Kuhns*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *2 3* Years, Months, Days.

Color, *White* Sex, *Female*

~~Married~~, Single, ~~Widow~~, ~~Unmarried~~, { Cross out the words not required in this line. }

Occupation, *Servant*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany (2 yrs. in U.S.)*

Duration of Residence in the City of Baltimore, *2 yrs*

Place of Death, { Give street and number. } *S. St. Hospital*

Cause of Death, { First (Primary), Second (Immediate), } *Consumption of Blood*
Exhaustion

Duration of Last Sickness, *About 1 year*

All the above information should be furnished by the Physician.

Place of Burial, *St. Stephen's Cemetery*

Date of Burial, *April 6 1887* *Scam. Cor. Mary* M. D.
Medical Attendant.

{ Undertaker, *Henry F. Lee* Address *188 N. Calvert St*

{ Place of Business, *307 Calvert Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

3rd April 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Maggie Dunn

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

4

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

St Vincent's Infirmary

Cause of Death, { First (Primary.)
Second (Immediate.) }

Scarlet fever

Diphtheria

15 days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Cathedral Lane

Marbury Brewer

M. D.

Medical Attendant.

Date of Burial,

April 6th 1877

{ Undertaker,

George Saffran

Address

208 E. Baltimore St

{ Place of Business,

121 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. *16744*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Monday, April 5th 1877*
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Charles Rufus Thompson*
~~Sex~~ Male or Female, Cross out the word not required in this line. *Male*
Age, *28* Years, *—* Months, *—* Days.
Color, *White* Sex, *Male*
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line. *Single*
Occupation, *Book keeper*
Birthplace, State or country (and how long in the United States, if of foreign birth.) *Cape Town - Africa*
Duration of Residence in the City of Baltimore, *About one (1) month*
Place of Death, Give street and number. *Chesnut Street - M. B. B. B.*
Cause of Death, First (Primary,) Second (Immediate.) *Marasmus*
Duration of Last Sickness, *In Hospital about 3 wks*
All the above information should be furnished by the Physician.
Place of Burial, *Calvary Cemetery*
Date of Burial, *April 5th 1877*
Undertaker, *Thos. J. Hughes*
Place of Business, *44 E. Baltimore*
J. D. Garvin M. D.
Medical Attendant.
Address *Chesnut Street - M. B. B. B.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April, 3d 1877.*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *George K. Wrotten.*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, Years, *16* Months, Days.
Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

22 Ohio Ave.

Cause of Death, { First (Primary.) Second (Immediate.) }

Pneumonia.

Duration of Last Sickness,

13 days.

All the above information should be furnished by the Physician.

Place of Burial,

St. Vincent Cemetery

Date of Burial,

April 6th 1877

J. E. Harrington M. D.
Medical Attendant.

{ Undertaker,

John Shacker

{ Place of Business,

No 150 Canal

Address *321 Light. St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 5th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

May Edith Griffin

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

9

Years,

10

Months,

25

Days.

Color,

white

Sex,

female

Married, Single, ~~Widow~~

~~Widower~~

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 170 Cathedral St.

Cause of Death,

First (Primary),
Second (Immediate),

Scarletina (varicella)
Memorandum from heart & stomach
Five days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

April 6, 1877

Undertaker,

Thos. S. Hughes

Place of Business,

60 E. Baltimore St.

Address

135 N. Charles St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS



Permit No. 16747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lena Morris

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 26 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number. } 25 S. Adams St. Boston

Cause of Death, { First (Primary,) Puerperal Fever
Second (Immediate,) }

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Cemetery

Date of Burial, April the 6th 1877.

{ Undertaker, W. M. Goldsmith

{ Place of Business, City

Address 121 E. Baltimore St.

J. Ridgway Hyde M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16748

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *deposited* out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helen Guyon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Head of family

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Pr Geo Co Ma

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } 558 Franklin st

Cause of Death, { First (Primary,) Softening of Brain. Second (Immediate,) Paralysis of Brain

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Apr 8 1877

{ Undertaker, L O J Jenkins

{ Place of Business, 15 Light St

Geo E Egle M. D.
Medical Attendant.

Address 229 Carey st

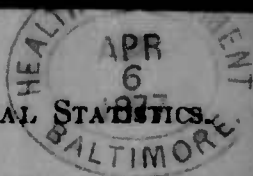
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS



Permit No. 16749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John M. Court.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 17 Years, Months, Days.

Color, white Sex,

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, Brass fitter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Willis St. Baltimore

Duration of Residence in the City of Baltimore, whole life

Place of Death, { Give street and number. } Center St. No 8.

Cause of Death, { First (Primary,) Bright's Disease. Second (Immediate,) Uremic toxæmia.

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Cemetery Geo. B. Day M. D.

Date of Burial, April 6 '1877 Medical Attendant.

{ Undertaker, James D. Byrne Address Park Ave. & Mulberry St. Place of Business, No 63 N. Front St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 16750

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. William Maddox

Sex, Male or Female (Cross out the word not required in this line.)

Age, one Years, Months, Days.

Color, Col'd

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number.

Cause of Death, First (Primary,) Second (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, Sharp St. B. by James A. Stearns M.D.

Date of Burial, April 6th 1877

Undertaker, Jacob Davis

Place of Business, 244 St

Address Committee of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information William Maddox son of Father

Board of Health, City of Baltimore,



Permit No. 16751

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 5th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Fluence Rensfeld*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *3* Years, *1* Months, *2* Days.

Color, *White* Sex, *female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *X*

Occupation, *X*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Always*

Place of Death, { Give street and number. } *90 E. Balto Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *Croup*

All the above information should be furnished by the Physician. *Six days*

Place of Burial, *St. A*

Date of Burial, *April 6th 1877*

{ Undertaker, Place of Business, } *101 Gough St* Address *88 N. Eutan, St*

A. F. ... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS



Permit No. 16752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 4-1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Henry Durgens

Sex, Male or Female,

Cross out the word not required in this line.

Age,

65

Years,

Months,

Days.

Color,

Black

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Druckster

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Anne Arundel Co Md

Duration of Residence in the City of Baltimore,

Twenty Three years

Place of Death,

Give street and number.

71 Harmony Lane

Cause of Death,

First (Primary,)

Second (Immediate.)

Hypertrophy of heart

Duration of Last Sickness,

One year confined to his bed by sickness

All the above information should be furnished by the Physician.

Place of Burial,

Sharp & Cornish

M. D.

Date of Burial,

April 6th 1877

Medical Attendant

Undertaker,

J. J. Jones

Address

Place of Business,

115 Madison St

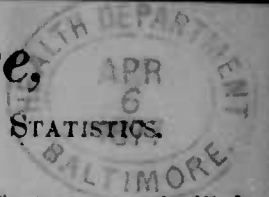
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS



Permit No. 16753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 5th 1894

Full Name of Deceased,

{ Write fully and spell
correctly. If an Infant
not yet one year of age,
give names of parents }

Leah Mc Ardle

Male or Female,

{ Cross out the word not
required in this line. }

Female

Years

3

Months,

Days.

White

Single

Married, Single, Widow or Widower,

{ Cross out the words not
required in this line. }

None

Occupation,

Birthplace,

{ State or country (and how
long in the United States,
if of foreign birth.) }

Baltimore,

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and
number. }

45 S. Bond Street

Cause of Death,

{ First (Primary),
Second (Immediate), }

Measles

Diphtheria

Duration of Last Sickness,

5 days

All the above information should be filled out by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

April 4th 1894

Undertaker,

Wm. A. Hanger

Address

68 S. Broadway

Place of Business,

114 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16754

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 5 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Capt. Richard Meredith

Sex, Male or Female,

Cross out the word not required in this line.

Male

Meredith

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Dorchester Co. Md.

Duration of Residence in the City of Baltimore,

42 days

Place of Death,

Give street and number.

No. 85, Thames St.

Cause of Death,

First (Primary),

Second (Immediate),

Intussusception

Duration of Last Sickness,

All the above information should be furnished by the physician.

Place of Burial,

Dorchester Co. Md.

Date of Burial,

April 8th 1877

Undertaker,

W. A. Daiger

Place of Business,

74 S Broadway

Address

244 N. Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death (except in cases of births and deaths of illegitimate children).

(Transit 738)

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16755*

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 5.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Harsh M. Fields

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

2

Months,

21

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

48. Wesh.

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Tubercular Meningitis

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cem

Date of Burial,

April 7th 1897

Theodore Corke

M. D.

Medical Attendant.

Undertaker,

Julius Koehler

Address

146. Haver

Place of Business,

Car Sharp & Co. Bros. & Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Apr 7th 1897

Undertaker,

Faughes & Co

Place of Business,

63 S. Broadway

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie K. Kane
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 1 Years, 1 Months, 3 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, 10 years
Place of Death, { Give street and number. } 876 Broadway
Cause of Death, { First (Primary,) Second (Immediate,) } Measles
Duration of Last Sickness, 10 days
All the above information should be furnished by the Physician.
Place of Burial, Batts Cemetery
Date of Burial, April 8th 1877
{ Undertaker, Hughes & Co. Address, 16 Broadway
{ Place of Business, 16 Broadway

M. D.

Medical Assistant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16788



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac & Laura Butler

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 3 hours _____ Days

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5th 1877

{ Undertaker, John C. Jordan

{ Place of Business,

Park Ave

Address

Commissioner of Health
& Registrar

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by undertaker [OVER.]

Board of Health, City of Baltimore, 1877
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16759

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Eagleton McCurdy.
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, Years, 10 Months, 7 Days.
Color, white
Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 770 W Pratt St
Cause of Death, { First (Primary,) Scarlet Fever - with whooping cough
{ Second (Immediate,)
Duration of Last Sickness, Ten days -
All the above information should be furnished by the Physician.
Place of Burial, Western Cemetery
Date of Burial, April 7th 1877
{ Undertaker, E B Cook
{ Place of Business, No 707 W Baltimore Street
M. D. Registrar
Medical Attendant.
Address Dr J. C. Fayette & Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Elizabeth Collins

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

5 Months, 26

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maturiti

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

Prot. Infant Asylum

Cause of Death, { First (Primary,) Second (Immediate,) }

Mal nutrition

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Linden Park

Date of Burial,

April 6

{ Undertaker,

C. W. Blizard

{ Place of Business,

201 Pine St

C. F. Brown

M. D.

Medical Attendant.

Address

241 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alon Alonzo Eaton

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

5

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Fredrick G M D

Duration of Residence in the City of Baltimore,

8 weeks

Place of Death, { Give street and number. }

Prot Inst Asylum

Cause of Death, { First (Primary,) Second (Immediate,) }

mal-nutrition

convulsions

Duration of Last Sickness,

8 weeks

All the above information should be furnished by the Physician

Place of Burial,

Fonden Park

Date of Burial,

April 6

{ Undertaker,

C. H. Blizard

{ Place of Business,

201 Park av

C. F. Brown

M. D.

Medical Attendant.

Address

241 Linden av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

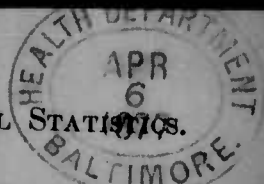
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16762

OFFICE OF REGISTRAR OF VITAL



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah Gould

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

7 Years,

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life-time

Place of Death, { Give street and number. }

6 Falls St.

Cause of Death, { First (Primary), Second (Immediate), }

Pneumonia, Albuminuria.

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Ch.

Date of Burial,

April 6 1877

Edward J. Mendenhall M. D.

Medical Attendant.

{ Undertaker,

Henry Hook

{ Place of Business,

300 1/2 Central Ave.

Address

137 N. E. Street

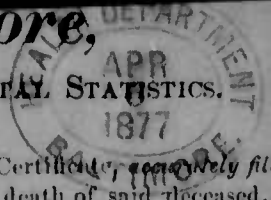
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16763

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Grossman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

St. Anthony's Orphan Asylum

Cause of Death, { First (Primary), Second (Immediate), }

Chronic Leukemia

Duration of Last Sickness,

about three weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Anthony's Orphan Asylum

Date of Burial,

April 6 1877

John F. Grossman M. D.
Medical Attendant.

{ Undertaker,

Henry Hock

{ Place of Business,

369 N. Central

Address S. W. Calvert & Read Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Sex, Male or Female,

Age,

Color,

Married, Single, Widow or Widower,

Occupation,

Birthplace,

Duration of Residence in the City of Baltimore,

Place of Death,

Cause of Death,

Duration of Last Sickness,

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Write legibly and spell correctly. If an infant not named, give names of parents.

Cross out the word not required in this line.

Years,

6

Months,

2

Days.

Sex,

Male

64 Hillman St. Baltimore

Life-time

64 Hillman St.

Rheuma

Entire - Colitis

5 Weeks.

All the above information should be furnished by the Physician.

Edward P. M. D.

Medical Attendant.

Address

137 N. E. 1st St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16765

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 77 Years,

Color,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) ...
Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 8th 1888

{ Undertaker, Jacob Weaver

{ Place of Business, No 476 Druid Hill

4 "mo 6" 1887

Mary B. Bates

female.

Months,

White

Widow

No occupation.

Baltimore

77 years.

217 N. Eutaw St

Softening Brain

Apoplexy.

Several years

Wm. Riley

Address 47 Lexington St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

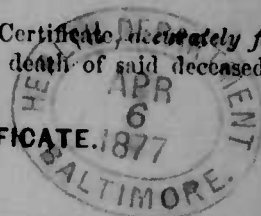
Board of Health, City of Baltimore,

Permit No. 16766

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *6th of April 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Rev George August Roesch*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Fifty five* Years, Months, Days.

Color, *White* Sex, *Male*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Priest*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Austria*

Duration of Residence in the City of Baltimore, *About 6 years.*

Place of Death, { Give street and number. } *St Alphonsus Parsonage.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis. Phthisis Pulmonalis.*

Duration of Last Sickness, *About two years.*

All the above information should be furnished by the Physician.

Place of Burial, *St Alphonsus*

Date of Burial, *April 8th 1877* *McCrann Bibber* M. D. Medical Attendant.

{ Undertaker, *Geo Saffran* Address *47 Franklin St.*

{ Place of Business, *111 Penna Ave.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16767

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5. 99.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fredrick Williams

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this case. }

Age, 1 Years, 3 Months, 1 Days.

Color, Blk

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this case. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 1 1/4 yrs

Place of Death, { Give street and number. } 222 Vine

Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia & Hooping Cough

Duration of Last Sickness, _____

All the above information should be furnished by the Physician

Place of Burial, Laural Cemetery

Date of Burial, April 7. 1899

{ Undertaker, Wm H. Bishop Jr

{ Place of Business, 153 Enoch Hill St

Wm Eastman M. D.
Medical Attendant.

Address 249 Levee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

VITAL STATISTICS.

Date of Death, April 6, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named give names of parents. } Frank Klossowski

Sex, Male or Female, { Cross out the word not }
Age { required in this line, }

Age, _____ Years,

Color, Years, 20 Months,

Color, _____ Years, 20 Months, _____ Days.
Married, _____ White

Married, Single, Widow or Widower, (Cross out the word is not required in this line)
Occupation,

Birthplace, { State or country (and how
long in the United States,
if of foreign birth.

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and }
number. }

Cause of Death, { *First (Primary,)*
 { *Second (Immediate,)*

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*
Date of Burial, *Jan 18 1881*

Date of Burial, April 7th

Undertaker, *William W. W. W. W.*

Place of Business, *1244 Lexington St* Address *55 N. Greene St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *16769*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 4th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Ellison*

Sex, Male or Female, { Cross out the word not required in this line. } *male*

Age, *48* Years, Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *widower*

Occupation, *coach trimmer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ellicott City Maryland*

Duration of Residence in the City of Baltimore, *since born except during the rebellion he was in confederate service*

Place of Death, { Give street and number. } *227 N. Eden St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Tuberculosis Pulmonary*

Duration of Last Sickness, *3 years.*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *April 6th 1877*

Undertaker, *James P. Byrne*

Place of Business, *No 63 N. Front St.*

Address *27 N. Broadway*

P. G. Dauch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not
required in the line.

Age,

34 Years.

Months.

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words that are not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and }
{ number. }

Cause of Death

(First (Primary,)

(Second (Immediate).)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

(Undertaker,

Place of Business.

*Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 16771

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 6th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Thomas Hayn Homes

Sex, Male

~~Female~~

{ Cross out the word not required in this line. }

Age,

Years,

2

Months,

3

Days.

Color,

col^d

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

Lee Street near R. R.

Cause of Death,

{ First (Primary),
Second (Immediate), }

Convulsion

Duration of Last Sickness,

one day

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

April 7 1877

James A. Smith M. D.

Undertaker,

J. Davis

Place of Business,

103 Lee St

Address

Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Elizabeth Cook the mother [over.]

Board of Health, City of Baltimore,

1877
BALTIMORE

Permit No. *6772*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 6th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Annia Ardin*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *34* Years, Months, Days.

Color, *white* Sex, *Single*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *314 N Eutan*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pulmonary Phthisis*

Duration of Last Sickness, *about one year*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *April 7th 1877*

Undertaker, *Jacob Weaver*

Place of Business, *Smith Hill a*

Address *114 Park Ave*

T. E. Whata M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16773

OFFICE OF REGISTRAR OF VITAL STATISTICS
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 7th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Peter & Sarah Metzdorf
(Parents)

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days,

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Balto City
Life

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

4 Hall alley

Cause of Death,

First (Primary),
Second (Immediate),

Premature Birth (7 mos)
Convulsions
all its life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Weston Cemetery

Date of Burial,

April 8th 1877

Undertaker,

Chas. F. Horned

Place of Business,

Hanover St

Address

Jarvis & Stenard, M. D.
Commissioners of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births, and deaths of illegitimate children.

Information by Peter Metzdorf Father of child

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4 o'clock A.M. April 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louise L. Limbeck

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 10 Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, { Give street and number. } No 8 Canton St

Cause of Death, { First (Primary,) Rubella vulgaris
Second (Immediate,) Pneumonia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery J. Enchard

Date of Burial, 10th April. M. D. Medical Attendant.

{ Undertaker, Wm. A. Adams Address 28, O'Donnell St
{ Place of Business, 255 N. Holliday St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16778

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jones
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, one Year, 4 Months, 0 Days.
Color, Dark Brown
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, None
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, 14 Months
Place of Death, { Give street and number. } No 16 Brewer St
Cause of Death, { First (Primary,) } Scrophula
{ Second (Immediate,) } Dyspepsia
Duration of Last Sickness, one week
All the above information should be furnished by the Physician.
Place of Burial, Lane Cemetery
Date of Burial, Apr. 7th 1877
{ Undertaker, } Mr. J. Bishop Jr.
{ Place of Business, } 103 South Hill Ave.
Address Cor Dolphin & Kops

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *16776*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Harriet Barnes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, *85* Years, *0* Months, *7* Days.

Color, *Dark brown*

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore County

Duration of Residence in the City of Baltimore,

20 years

Place of Death, { Give street and number. }

No 1 Horns Road

Cause of Death, { First (Primary) ... Second (Immediate) }

not known

old age

Duration of Last Sickness,

one month

All the above information should be furnished by the Physician.

Place of Burial,

Sharp's cemetery

Date of Burial,

April 7th

{ Undertaker,

{ Place of Business,

*J. C. Jordan
63 Park Ave.*

B. F. Bohner M. D.
Medical Attendant.

Address *Cor Dolphin & Popple*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Dorry

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 24 Years,

Color, Colored

Months,

Days.

Sex, Female

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Talbot Co., Md

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, { Give street and number. } In Foot Alley, near Eden St.

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis Pulmonalis

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, April 7, 1877

{ Undertaker, John H. Locks

{ Place of Business, 101 N. Broadway

Address, 241 N. Broadway

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16778

OFFICE OF REGISTRAR OF VITAL STATISTICS,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Cook

Sex, Male ~~on Female~~, { Cross out the word not required in this line. } Male

Age, _____ Years, Eleven Months, eight Days.

Color, Caucasian Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 40 Tyson St

Cause of Death, { First (Primary), Tuberculosis Pulmonal.
Second (Immediate), Asthenia

Duration of Last Sickness, about a month or so

All the above information should be furnished by the Physician.

Place of Burial, N. Paul Cemetery

Date of Burial, April 7 1877

{ Undertaker, M. H. C. Perry
Place of Business, Pratt St

Address 290 Madison ave

E. C. McDowell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th April, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jessie H. M. Shawgo

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 6 Months, Days.

Color, White Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 330 Franklin St.

Cause of Death, { First (Primary,) Second (Immediate,) } Scarlatina

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 7th 1877

{ Undertaker, Adam Weidemeyer

{ Place of Business, 518 1/2 W. Baltimore St.

Address 274 Hollins St.

John Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16780

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th of April 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph E. Ewing

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 36 Years, ——— Months, ——— Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } 33 Bank St

Cause of Death, { First (Primary,) Typhoid Abdominal { Second (Immediate,) }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 7th of April

{ Undertaker, J. Funk

{ Place of Business, 35 Bank St

J. Hethcote M. D.
Medical Attendant.

Address 241 S. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16781

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Winifred M. Mearns

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 14 Years, 14 Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } N. Y. & Maryland

Duration of Residence in the City of Baltimore, 14 months

Place of Death, { Give street and number. } N. Y. & Maryland

Cause of Death, { First (Primary,) Second (Immediate,) } Measles

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician

Place of Burial, St. Peter's A.D.

Date of Burial, April 8 1877 C. J. Patton M. D.

{ Undertaker, Chas. T. Scriven Medical Attendant.

{ Place of Business, 271 N. Eutan Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *14782*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *April 7th 1876*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Rebecca Dailey*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *12* Years, *7* Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *none*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Fort McHenry, Md.*

Duration of Residence in the City of Baltimore, *Fort McHenry, Md.*

Place of Death, { Give street and number. } *Fort McHenry, Md.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Swallowing Lucifer Matches*
acute Gastritis

Duration of Last Sickness, *3 1/2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 9th 1876*

{ Undertaker, *W. A. Daigle*

{ Place of Business, *74 W. Broadway*

J. M. Horton M. D.
Surgeon U.S.A. Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16783

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Harry Bennett

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 2 Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt^o City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

5th Houses Court

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlet fever

Duration of Last Sickness,

Albumenuria

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 7th 1877

G. W. Benson

M. D.

Undertaker, S. W. Chan

Place of Business, 144 Howard St

Address 144 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 5

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Louisa Williams

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

63

Years,

Color,

Black.

Months,

Days.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Mayland

Duration of Residence in the City of Baltimore,

25 years

Place of Death,

Give street and number.

111 Stockholm

Cause of Death,

First (Primary),
Second (Immediate),

Phtisis

Duration of Last Sickness,

1 year

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

April 8, 1904

Undertaker,

W. L. Moore

Place of Business,

198 Howard St

Thermond Cook

M. D.

Medical Attendant.

Address 146 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16785

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 5th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Leah Mills*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *48* Years, *9* Months, *1* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Housewife*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Talbot. Co. Md.*

Duration of Residence in the City of Baltimore, *7 years*

Place of Death, { Give street and number. } *20 Wayne St.*

Cause of Death, { First (Primary),
Second (Immediate), } *Fatty degeneration of heart*

Duration of Last Sickness, *4 hours.*

All the above information should be furnished by the Physician.

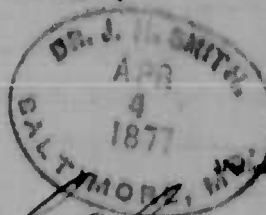
Place of Burial, *Laurel Cemetery*

Date of Burial, *April 7 1877*

{ Undertaker, *H. Chase*

{ Place of Business, *148 Howard St*

Address *108 S. Sharp St.*



M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16786

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr. 5 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Araham Leve

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

40

Years,

Months,

Days.

Color,

Dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Seaboard

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt.

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

216 Ridgway's Court

Cause of Death, { First (Primary), Second (Immediate), }

Typhoid Pneumonia
One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7 1887

Undertaker, S. H. Chas

Place of Business, 194 Howard St

P. M. Hall M. D.
Medical Attendant.

Address 266 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS



Permit No. 16787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 6th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Maggie Humpar

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 22 months Years,

Months,

Days.

Color, White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 298 Central Ave

Cause of Death, { First (Primary), Second (Immediate), }

Tubercular Meningitis

Duration of Last Sickness,

One Month

All the above information should be furnished by the Physician.

Place of Burial, St. Anthony's Cemetery

Wm. Whitridge

M. D.

Medical Attendant.

Date of Burial, April 8, 1877

Undertaker, Henry Hock

Address

Place of Business, 309 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 16788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Sex, Male or Female,

Age,

Color,

Married, Single, Widow or Widower,

Occupation,

Birthplace,

Duration of Residence in the City of Baltimore,

Place of Death,

Cause of Death,

Duration of Last Sickness,

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Write legibly and spell correctly. If an infant not named, give names of parents.

Cross out the word not required in this line.

Years,

Months,

Days.

Sex,

Harford Co. Md.

near 130 Chesnut St.

Inflammation of the lungs from cold.

Pyæmia & Phlebitis

5 months

137 N. E. St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16789

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. John Waeck

Sex, Male ~~Female~~ {Cross out the word not required in this line.}

Age, one Years, Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore, *Life*

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Second (Immediate,)} Measles

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 8th 1877

Undertaker, Adam Frick

Place of Business, Gay St

Address *Commissioner of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Josephine Conrad
Meddewite [OVER.]

Permit No. 16790

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age, Four (4)

Years,

Three (3)

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Thomas George Lewis

Sex, Male or Female, Cross out the word not required in this line.

Age, 23 Years, 6 Months, 12 Days.

Color, White Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, Salesman

Birthplace, State or country (and how long in the United States, if of foreign birth.) Balto.

Duration of Residence in the City of Baltimore, From birth

Place of Death, Give street and number. 162 German Street

Cause of Death, First (Primary,) Second (Immediate,) Apoplexy, with convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 7-1877

Thos. E. Lewis, M. D.
Medical Attendant.

Undertaker, J. B. Blackiston & son

Place of Business, 606 Balto St

Address

15- Preston St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16792

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha L. Nickells
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, _____ Years, _____ Months, 22 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, { Give street and number. } 17. Bevan St
Cause of Death, { First (Primary,) _____
Second (Immediate,) Umbilical Hemorrhage
Duration of Last Sickness, 3 days
All the above information should be furnished by the Physician.
Place of Burial, St. Mary's Cemetery
Date of Burial, April 8th 1877 Theron Leach M. D. Medical Attendant.
Undertaker, Julius Koehler Address 146. Hanover St
Place of Business, 608 Chapel St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore;

Permit No. 46793

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Apr. 6 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John L. Heath

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

11

Months,

Days.

Color,

Brown

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt.

Duration of Residence in the City of Baltimore,

During life

Place of Death,

Give street and number.

61 Russell St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Pertussis
Convulsions

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

April 17th

R. M. Hall

M. D.

Medical Attendant.

Undertaker,

J. Davis

Place of Business,

113 Lee St.

Address

266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th/77.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Caroline Harr
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
Age, ~~~~ Years, 8 Months, 4 Days.
Color, White Sex, Female
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, ~~~~
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. M. D.
Duration of Residence in the City of Baltimore, ~~~~
Place of Death, { Give street and number. } Canton ave CR# 320.
Cause of Death, { First (Primary,) Dementia
Second (Immediate,) Convulsions.
Duration of Last Sickness, 1 wk..

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemtry
Date of Burial, April 8th 1877
C. M. Schutte Jr M. D.
Medical Attendant.

{ Undertaker, H. Froehlich
Place of Business, 246 Eastern Ave
Address S.W. cor. Wolf st & Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Griesinger

Sex, ~~Male~~ or Female, { Cross out the word not required in this line.

Female

Age, One Years,

Months,

June

Days.

Color,

White

~~Married, Single, Widowed or Widower~~ { Cross out the words not required in this line.

Birthplace, { State or country (and how long in the United States, if of foreign birth.

Harford County Maryland

Duration of Residence in the City of Baltimore.

Four Months -

Place of Death, { Give street and number.

No 292 South Bond St (Measles)

Cause of Death, { First (Primary), Second (Immediate).

Duration of Last Sickness,

Four days

All the above information should be furnished by the Physician.

Place of Burial, S. Matthews Cemetery

Date of Burial, April 8th 1877

Thomas J. Evans. M. D. Medical Attendant.

Undertaker, Leonard Kurr

Place of Business, 222 S. Bond St. Address No 18 Sackum Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 16796

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 5th

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Wm. Blauerman

Sex, Male or Female,

Cross out the word not required in this line.

Age,

28

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Shoemaker

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

5 Years

Place of Death, Give street and number.

Balt. Infirmary Cor. Lombard & Lincoln

Cause of Death,

First (Primary),
Second (Immediate),

Val. Dis. of Heart

Atherosclerosis

Duration of Last Sickness,

Two Months

All the above information should be furnished by the Physician.

Place of Burial,

W. Ashby Cemetery

T. A. Ashby

Date of Burial,

April 8th 1904

M. D.

Medical Attendant.

Undertaker,

J. B. Cook

Address

Univ. Hospital

Place of Business,

707 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16797

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Parker McCallum

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 7 weeks Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore, Maryland

Duration of Residence in the City of Baltimore,

All his life

Place of Death, { Give street and number. }

170 North Calvert St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Croup

Duration of Last Sickness,

7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 8th 1877

Undertaker, John S. Weaver

Place of Business, #22 W. Fayette St.

Thomas Shearer M. D.
Medical Attendant.

Address 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16798

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 6th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ellen Higgins

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 70 Years,

Months,

Days.

Color, White

~~Married~~ Single, ~~Widow~~ or ~~Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

51 years

Place of Death, { Give street and number. }

248 N. Gay St

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, April 8 1877

J. J. J. J. J.

M. D.

Medical Attendant.

Undertaker, James P. Byrne

Place of Business, No 63 N. Front St

Address No 2. Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16799

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5, 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georgiana Brooks
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, Thirty five Years, one Months, Two Days.
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow
Occupation, Landlady
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore city Maryland
Duration of Residence in the City of Baltimore, continued
Place of Death, { Give street and number. } No 73. Plum st
Cause of Death, { First (Primary.) } Phthisis Hereditary
{ Second (Immediate,) } Atrophy
Duration of Last Sickness, one year
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, April 7 1877
{ Undertaker, }
{ Place of Business, }
Address, J. J. Dyer M. D. Medical Attendant.
No 146, Hill St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16800

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 7th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Hannah Taylor

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

17

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

No 158 S. Bond St.

Cause of Death,

{ First (Primary,) }

{ Second (Immediate,) }

Spasms

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cem.

Date of Burial,

April 8th 1877

{ Undertaker,

A. C. Watchman

{ Place of Business,

191 S. Bond St.

Address

Commissioner of Health & Registrar

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from midwife

[OVER.]

Permit No. *76801*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

April 7th 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Abraham Schiller

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

1

Years,

9

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt City

Duration of Residence in the City of Baltimore, *all life*

Place of Death, { Give street and number. }

63 Harrison St

Cause of Death, { First (Primary), Second (Immediate), }

Fracture of cervical spine

Duration of Last Sickness,

15 minutes

All the above information should be furnished by the Physician.

Place of Burial,

Eden St Cemetery

Date of Burial,

Apr 8th Phil. Road

Edmund Walker

M. D.

Medical Attendant.

{ Undertaker, *M. Goldsmith*

{ Place of Business, *97 St. Eden St*

Address *Oron in P. 3*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

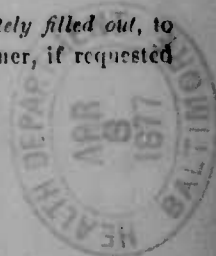
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, April 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry E. W. Neighoff

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 Years, 9 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, His whole life

Place of Death, { Give street and number. } 569 W Lombard St

Cause of Death, { First (Primary), Second (Immediate), } Diphtheria
do

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, London Park Cemetery

Date of Burial, April 9

Undertaker, J B Cook

Place of Business, 707 West Baltimore St

Address 51 N Paca St
Balt

W H Hammond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

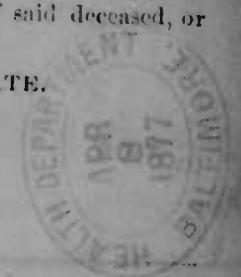
Permit No. *16803*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *April 7th 1897*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Infant of Sarah Jones*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, *24 hours*

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *N. E. Cor. Edmondson & Calhoun*

Cause of Death, { First (Primary,) Second (Immediate,) } *Convulsions*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cem.*

Date of Burial, *April 8th 1897*

{ Undertaker, *Mr. Leonard & Son*

{ Place of Business, *782 W. Balto. St.*

James A. Stearns M. D.
Medical Attendant.

Address *Commissioners of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by - Sarah Jones 44 N. Spring St. [OVER.]

Permit No. *168067*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law. (

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *April 8th, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John V. Schwingler*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *62* Years, *2* Months, *17* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Brewer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baravia, Germany* *32 years in the U. S.*

Duration of Residence in the City of Baltimore, *32 years*

Place of Death, { Give street and number. } *245 S. Broadway*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dropsey of the abdomen & lower extremities accompanied by debility, jaundice, delirium & high fever. Subject of intemperance.*

Duration of Last Sickness, *4 mos.*

All the above information should be furnished by the Physician.

Place of Burial, *S. Paulus Cemetery*

Date of Burial, *April 9th 1877*

{ Undertaker, *Leonard Perry*
Place of Business, *S. Bond Street N. W.*

John H. Rehberger M. D.
Medical Attendant.

Address *243 Alice Anna St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16805

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, April 6th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, Months, Days.

Color, Black Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Co. 18 years

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number. } 36 North St.

Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Chap. 4 Cemetery

Date of Burial, April 8th 1877

Medical Attendant, M. D.

{ Undertaker, William A. Dungee Address 328 N. Fayette St. }

{ Place of Business, No 1001 Stockton St. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16806

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, April 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Stevens

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 7 Months, 1 Days.

Color, red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Forest 2137 1/2

Cause of Death, { First (Primary,) Second (Immediate,) } Membranous Croup

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 8th 1877

Undertaker, Wm. H. Dunne

Place of Business, No 62 East 11th

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N. E. 10th

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16807

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years,

Months,

Days.

Color, Colored.

Sex, Female

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, April 8 m.

{ Undertaker, J. G. Jordan
Place of Business, 63 North Ave.

Address

Edward J. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16808

OFFICE OF REGISTRAR OF VITAL STATISTICS

1877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hannah Wittkecker

~~Sex, Male or Female,~~ { Cross out the word not required in this line. }

Age,

Years,

9 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. city md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

193 S. Washington St.

Cause of Death, { First (Primary.) }

Second (Immediate.)

Pneumonia

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 9th 1877

{ Undertaker, H. M. Gibmeyer

{ Place of Business, 341 Canton St.

R. W. Mansfield M. D.

Medical Attendant.

Address

117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

Permit No. 16809

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1877

Full Name of Deceased, { Write legibly and well correctly. If an infant not named, give names of parents. } James P. Hogg

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 67 Years, 9 Months, 14 Days.

Color, White Sex, male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Charleston Cecil Co. Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 162 Oregon St.

Cause of Death, { First (Primary,) Stone Inflammation of bladder
Second (Immediate,) Septicemia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 10th 1877

{ Undertaker, John N. Weaver

{ Place of Business, #22 W. Fayette St.

James H. Leonard M. D.
Medical Attendant.

Address 93 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 16817

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Edith Hodges

~~Sex, Male or Female,~~ { Cross out the word not required in this line. }

Age,

Years,

6 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. city md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

284 Canton av.

Cause of Death, { First (Primary,) ...
Second (Immediate,) ... }

Whooping cough
2 wks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cem.

Date of Burial,

April 9th 1877

{ Undertaker,

W. A. Daigne

{ Place of Business,

74 S. Broadway

Address

117 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16811

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 7th 1897*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George Johnson*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *7* Years, *5* Months, *1* Days.

Color, *W*

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *No 23 Short St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Bronchial Disease*
Conversions

Duration of Last Sickness, *Nine days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Mary's Cemetery*

Date of Burial, *April 9th 1897*

Undertaker, *William N. Langer*

Place of Business, *No 12 East St*

Address *116 E. Fayette St*

Whitefield Winney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 14812

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth Coali

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 5 mos Years, _____ Months, _____ Days.

Color, Black Sex, Female

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, X

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, { Give street and number. } No 3 Chestnut St.

Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, April 9th 1877

W. H. Kneass M. D.
Medical Attendant.

{ Undertaker, William A. Lunge Address Broadway

{ Place of Business, No 62 East St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16813

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 8 Months, Days.

Color, Color - Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Walter, Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 26 Little Monument St.

Cause of Death, { First (Primary,) Whooping Cough & Duetting
Second (Immediate,) Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery J. D. Thomson M. D.

Date of Burial, April 9th Medical Attendant.

{ Undertaker, J. D. Thomson
Place of Business, 67 South Ave Address 248 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 8th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Johnnie Donnelly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

No. 5 Valley St.

Cause of Death, { First (Primary), Second (Immediate), }

Pertussis
Catarrh (Bronchitis)

Duration of Last Sickness,

5 weeks

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, April 9 1877

Undertaker, James D. Phipps

Place of Business, No 63 N Front St

Geo Brooke Bayle M. D.
Medical Attendant.

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Harris

Sex, Male ☒ Female ☐ { Cross out the word not required in this line. }

Age, Years, 1 Months, 12 Days.

Color, Col'd

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Leeward N. Howard St

Cause of Death, { First (Primary,) Second (Immediate,) } Artificial Nursing
Spasms

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James H. Munn M. D.

Date of Burial, April 9th 1877

{ Undertaker, Wm H Bishop Address Commis of Health
Place of Business, Mass St Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and death of illegitimate children.

Information by Alice Jackson mother [OVER.]

Permit No. 16816

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 8th
Julius H. Hall

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Fifty-three Years,

Eleven Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Printer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

Twenty-five years

Place of Death, { Give street and number. }

102 Battery Avenue

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption

Duration of Last Sickness,

One Month

All the above information should be furnished by the Physician

Place of Burial,

Western Cemetery

Date of Burial,

April 10th 1898

{ Undertaker,

{ Place of Business,

Chas. H. Hall

161 Carroll Street

Address

Julius Hall M. D.
Medical Attendant.
Southern Dispensary
45 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16817

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lily May McMillen
Sex, Male or Female, { Cross out the word not required in this line. }
Age, Years, 9 Months, 2 Days.
Color, White
Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto Md.
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } 1067 O'Donnell St Balto
Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) One week
Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery
Date of Burial, 9 April
{ Undertaker, Adam Pink
Place of Business, 461 N. Gay St. } Address 7033 E. 1st St
E. J. Williams M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *116818*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 8/77*

Full Name of Deceased, *George Louis Bankard*

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, *Male* or *Female*, *Male*

Cross out the word not required in this line.

Age, *8*

Years, *27*

Months, *27*

Days.

Color, *White*

Sex,

Married, *Single*, *Widow* or *Widower*, *Single*

Cross out the words not required in this line.

Occupation,

Birthplace, *Balt. City*

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *22 S. Stricker*

Give street and number.

Cause of Death, *Scarlet Fever*

First (Primary,)

Second (Immediate.)

Duration of Last Sickness, *one month*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Bur.*

Date of Burial, *Monday April 9th/77*

Undertaker, *Jacob Weaver*

Place of Business, *Quid Hill Av.*

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16819

OFFICE OF REGISTRAR OF VITAL STATISTICS
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Mueller
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Six & one-half Years, Months, Days.
Color, White, Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, Laborer
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany.
Duration of Residence in the City of Baltimore, New York
Place of Death, { Give street and number. } 65. Chapel St.
Cause of Death, { First (Primary,) Second (Immediate,) } Opium Poisoning.
Duration of Last Sickness, _____
All the above information should be furnished by the Physician.
Place of Burial, C. P. Cemetery
Date of Burial, April 7th
{ Undertaker, Charles Stroppe
{ Place of Business, Pratt & Hunter
D. C. Ireland M. D.
Coroner, Ed. Medical Attendant.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16820

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 7th. 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Annus Simmott.*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *35* Years, _____ Months, _____ Days.

Color, *White* Sex, *Female*.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Domestic.*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Ireland.*

Duration of Residence in the City of Baltimore, *4 years.*

Place of Death, { Give street and number. } *147 Calvert St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Tuberculosis.*
Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *April 9th 1877* *St. Geo. W. Lusk, M. D.*
Medical Attendant.

{ Undertaker, *Henry R. Hears*

{ Place of Business, *45 N Gay St* Address *128 Park Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16821

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 9th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Theodore Young

Sex, Male or Female,

(Cross out the word not required in this line.)

Age,

1

Years,

6

Months,

14

Days.

Color,

White

Married, Single, Widow or Widower,

(Cross out the words not required in this line.)

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

2, Stockholms

Cause of Death,

First (Primary.)

Peritonitis

Second (Immediate.)

Tubercula Meningitis

Duration of Last Sickness,

9 Days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore. Cemetery

Date of Burial,

April 10th 1877

Theodore Cort

M. D.

Medical Attendant.

Undertaker,

Julius Koehler

Place of Business,

107 Sharp & Croft

Address 146 - Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16822

OFFICE OF REGISTRAR OF VITAL STATISTICS BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th of April 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Schoepf

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 27 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cigar maker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number. } 284 S. Lombard St

Cause of Death, { First (Primary.) } Phthisis tuberculosa
{ Second (Immediate,) } Haemorrhage

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 10th of April

{ Undertaker } H. F. Fink

{ Place of Business, } 35 B. Bank St

Signature of Physician, J. F. Fink M. D.
Address 2457 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16823

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 9th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Jones

Sex, Male or Female,

{Cross out the word not required in this line.}

Male

Age,

79

Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~, or Widower,

{Cross out the words not required in this line.}

Occupation,

Carriage Manufacturer

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Baltimore

Duration of Residence in the City of Baltimore,

Always

Place of Death,

{Give street and number.}

197 N. E. St.

Cause of Death,

{First (Primary),}

{Second (Immediate),}

Coronary Artery Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

6 weeks

Place of Burial,

Calvert Cemetery, Geo. D. Reynolds, D.D.

Date of Burial,

April 10th 1877

{ Undertaker,

James H. Calvert

{ Place of Business,

No

143 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *16824*

OFFICE OF REGISTRAR OF VITAL STATISTICS
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 6th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ella Brooks

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

25

Years,

Months,

Days.

Color,

Black

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Servant

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

*Bell Infirmary
Phthirus*

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Asthma

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Catonsville Cemetery

Date of Burial,

April 8th 1877

{ Undertaker,

S. W. Chase (Cathman)

{ Place of Business,

100 Howard St.

Address

Univ Hospital

J. A. Ashby

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 1682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos. + Hattie Penn (Parents)
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, — Years, — Months, 5 Days.
Color, White Sex, male
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, —
Birthplace, { State or country (and how long in the United States, if of foreign birth. } 262 N Broadway
Duration of Residence in the City of Baltimore, 600 Broadway + Chew St
Place of Death, { Give street and number. } Broadway + Chew St
Cause of Death, { First (Primary,) Still birth, Resuscitated, Anemic
Second (Immediate,) Convulsions
Duration of Last Sickness, From birth
All the above information should be furnished by the Physician.
Place of Burial, Green Mount Cemetery
Date of Burial, April 9/77
Undertaker, E. G. Cox M. D.
Place of Business, 57 N. Broadway Address 289 W. Fayette St
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 16826

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 7th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John B. Fry*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, _____ Years, *2* Months, *18* Days.
Color, *white*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. Md.*
Duration of Residence in the City of Baltimore, *Since birth*
Place of Death, { Give street and number. } *S. H. cor. Gough & Ann Sts.*
Cause of Death, { First (Primary.) Second (Immediate.) } *Chronic Bronch*
Asphyxia
Duration of Last Sickness, _____
All the above information should be furnished by the Physician.
Place of Burial, *Balto Cem*
Date of Burial, *April 10 1877*
{ Undertaker, Place of Business, } *M. A. Daugherty*
74 B. my
Address *Balt. & Park Sts.*
L. G. Hammit, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16827

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 8th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

David Polk

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

about 50

Years,

Months,

Days,

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Not known

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Washington Unvers. Hosp.

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Chronic Alcoholism

Typhoid Fever

Duration of Last Sickness,

about 4 week

All the above information should be furnished by the Physician

Place of Burial,

E. Pub Cemetery

Date of Burial,

April 9th 1877

Undertaker,

C. Steeper

Place of Business,

Address

Wash. Univ. Hosp.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16828

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 7th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *B. Winkler*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *48* Years, *6* Months, *1* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Saloon Proprietor*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Hessen Darmstadt*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *804 W. Pratt St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Jaundice*

Duration of Last Sickness, *2 Weeks*

All the above information should be furnished by the Physician

Place of Burial, *St. Catharine Church*

Date of Burial, *April 10th*

Undertaker, *W. Hummel*

Place of Business, *317 Mulberry St.* Address *379 W. Lombard St.*

M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16829

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Matilda Summers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

2 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

208 S. Bond St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

77 Bank

Cause of Death, {

First (Primary), ...

Second (Immediate),

Pneumonia

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, April 9th.

{ Undertaker, Wendelin Dippel

{ Place of Business, S. Bond St. 151

R. W. Mansfield

M. D.

Medical Attendant.

Address

117 S. Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16830

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mr. Tipton

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } 733 W. Pratt St.

Cause of Death, { First (Primary.) Second (Immediate.) } Scarlet Fever

Duration of Last Sickness, few days

All the above information should be furnished by the Physician.

Place of Burial, Mount St. Mary's Cemetery

Date of Burial, April 10th

Undertaker, J. B. Cook

Place of Business, 10714 N. Baltimore Street

Address, 379 W. Lombard St.

Medical Attendant, H. V. S. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 740

[OVER.]

Permit No. 16831

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Color,

7 Years,

Months,

Days.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First (Primary),
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Emmitsburg Pa.~~

Date of Burial, ~~April 1894~~

Undertaker, ~~Blackman & Son~~

Place of Business, ~~606 W. Baltimore St.~~

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16832

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 9th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Agnes Thomas

Sex,

~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

Years,

1

Months,

18

Days.

Color,

Blk

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

14 Little Pine Street

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Premature Birth

Convulsions

Duration of Last Sickness,

all its life

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St. Cemetery

Date of Burial,

April 9th 1877

James H. Stewart M. D.

Undertaker,

S. W. Chase

Place of Business,

Easton St

Address

Commissioner of Health
+ Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, ~~except~~ in cases of births and deaths of illegitimate children.

Information by Harriet Gelston Grand Mother

Permit No. 26850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 8th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Joseph A. Vandaniker*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *2* Years, Months, *21* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *N 244. Pine St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Tuberculosis.*
Meningitis.

Duration of Last Sickness, *13 weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Horton Cemetery*

Date of Burial, *April 10 1877*

Undertaker, *Little & Co.* Address *N 226. Mulberry St*

Place of Business, *317 Mulberry* *per S. W. M.*

L. C. Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16854

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maria E. Niemann

Sex, Male or Female, { Cross out the word not required to this line. }

Female

Age, — Years,

9 Months,

14 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Since birth

Duration of Residence in the City of Baltimore,

368 West St. N.W.

Place of Death, { Give street and number. }

Feething

Cause of Death, { First (Primary,) Second (Immediate,) }

Spasms
Shore

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cem

Date of Burial, April 10th 1877

Undertaker, Julius Koehler

Place of Business, 120 Sharp & Cross St.

N. N. Co.

Address Hanover & Barn Sts

R. C. Allen, M. D.

Baron St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas E Harrison

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 39 Years, Months, Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Bullman

Duration of Residence in the City of Baltimore, fifteen

Place of Death, { Give street and number. } 51 N Carey St

Cause of Death, { First (Primary,) Tuberculosis
Second (Immediate,) Tubercular Laryngitis

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, April 10th 1877

Date of Burial, Green Int. Cemetery

{ Undertaker, H. W. Jenkins & Son
Place of Business, 16 Light St

Chas E Harrison M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16836

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence Horwich Conrath

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, one Year, six Months, 16 Days.

Color, very fair. Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland. Baltimore

Duration of Residence in the City of Baltimore, whole life

Place of Death, { Give street and number. } 522 Mulberry St

Cause of Death, { First (Primary), } Bronchial. Cold. & Teething.
{ Second (Immediate), }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery Th. Strahan M.D.

Date of Burial, Apr 10th 1877 Edwin W. Goode M.D.
Medical Attendant.

{ Undertaker, } Hughes & Co

{ Place of Business, } 350 Fayette St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16837

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 8th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elizabeth Schofield*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *60* Years, *7* Months, *7* Days.
Color, *white* Sex, *Female*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*
Occupation, *None*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*
Duration of Residence in the City of Baltimore, *Lifetime*
Place of Death, { Give street and number. } *27 North Front St*
Cause of Death, { First (Primary),
Second (Immediate.) } *Consumption*
Duration of Last Sickness, *11 months*
All the above information should be furnished by the Physician.
Place of Burial, *Greenmount*
Date of Burial, *April 11th 1877* *Jos. Lloyd Martin* M. D. Medical Attendant.
{ Undertaker, *Jas P Byrne*
Place of Business, *63 Front St* Address *38 Mount Vernon Place*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 16838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Susan May Carter

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

1

Years,

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

1 year

Place of Death, { Give street and number. }

82 Oak St

Cause of Death, { First (Primary,) }

Measles

{ Second (Immediate,) }

Pneumonia

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Edward A. Harris M. D.
Medical Attendant.

Date of Burial, April 10 - 1877

{ Undertaker, John J. Rockman Jr. Address

{ Place of Business, Cor Summit Ave
& Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16839

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9, 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Tudor
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, 36 Years, Months, Days.
Color, W
~~Married~~ Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }
Occupation, None
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore, Md.
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, { Give street and number. } N. Washington St. between Chase and Edgar Sts.
Cause of Death, { First (Primary,) Epilepsy.
Second (Immediate,)
Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery
Date of Burial, April 11, 1877
{ Undertaker, Wm Fry
{ Place of Business, 54 E. Broadway }
L. C. Gordon, M. D. Medical Attendant.
Address 437 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 9th 1879*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Lida B. Griffin*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *8* Years, *8* Months, Days.

Color, *Cred*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Ball net*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *8 mos.*

Duration of Residence in the City of Baltimore, *3 Bartlett St*

Place of Death, { Give street and number. } *Pertussis*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 10th 1879*

D. S. Spair M. D.
Medical Attendant.

Wm. W. Chase
Undertaker, *828 Howard St*

Place of Business, *379 W. Lombard St*

Address *379 W. Lombard St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16841

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Lucks
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, Seven Years, eleven Months, Days.

Color, Colored Sex, female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Union St. city

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } No 30 Walnut St.

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,)

Duration of Last Sickness, about twelve hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 10 1877

{ Undertaker, Daniel H. Lucks

{ Place of Business, 111 N. E. St.

Alfred Hughes M. D.
Medical Attendant.

Address 234 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16842

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 8, 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Saml Perryman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 22 Years,

Color, Red Months, Days.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 88 Mores alley

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,) }

Duration of Last Sickness, 7 m.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 11/87

{ Undertaker, H. H. Chase

{ Place of Business, 201, 8th Street

G. L. Faneuil

M. D.

Medical Attendant.

Address 129 W. Beadle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 76843

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 8th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ellen S. Gross

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 21 Years, 7 Months, — Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Chamber maid.

Birthplace, { State or country, (and how long in the United States, if of foreign birth.) }

Baltimore Co.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number. }

13 Ross St.

Cause of Death, { First (Primary) Second (Immediate) }

Pneumonia
Phthisis Pulmonalis.

Duration of Last Sickness, 3 months about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bear Hill Cemetery

Date of Burial, April 10 1877

Eldridge C. Price M. D.
Medical Attendant.

{ Undertaker, Samuel H. Brown

{ Place of Business, 148 N. Howard St.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16844

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9 '77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Edelin

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 19 St Mary St.

Cause of Death, { First (Primary,) Second (Immediate,) } Tubercular Meningitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 10 1877

{ Undertaker, J. W. Chase

{ Place of Business, 128 Howard St

J. G. Mellis.

M. D.

Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 116845

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lydia Miller
Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 3 Months, 26 Days.

Color, Cover

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balis. sea

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number. } 32 Boyd St.

Cause of Death, { First (Primary,) Second (Immediate,) } Gastritis

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetery

Date of Burial, April 10th 1877

Undertaker, Charles Chene

Place of Business, 319 W. Lombard St.

H. V. Smith M. D.
Medical Attendant

Address 319 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16846

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } A. M. Johnson
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, Years, 6 Months, 2 Days.
Color, Col Sex, Female
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } Whitecoat St. No. 27
Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia
Duration of Last Sickness, 10 days
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, April 10th 1877
Undertaker, William H. Jones
Place of Business, 1015 S. Station City Address No. 203, N. 2nd St.
Medical Attendant, J. L. Truitt M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *16847*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *9th of April 77* *2 o'clock in the morning*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Lina Lauerswein*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *—* Years, *—* Months, *21* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore Md.*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Baltimore - Street No 9*

Cause of Death, { First (Primary.) Second (Immediate.) } *Diphtheria*

Duration of Last Sickness, *8 days*

All the above information should be furnished by the Physician

Place of Burial, *Western Cemetery*

Date of Burial, *April 10th 1877*

{ Undertaker, *J. D. Cook*

{ Place of Business, *No 707 W Baltimore Street*

J. C. Reinhardt

M. D.

Medical Attendant.

Address *701 West Lombard St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 9th 1894*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ruth Corns*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *79* Years, *1* Months, *2* Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Widow*
Occupation, *None*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore County*
Duration of Residence in the City of Baltimore, *15 years*
Place of Death, { Give street and number. } *962 Eastern Ave.*
Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*
Duration of Last Sickness, *6 days*
All the above information should be furnished by the Physician.
Place of Burial, *Camp Chappell*
Date of Burial, *April 10th 1894*
Undertaker, *H. M. Gibmeyer* Address *68 C. Broadway*
Place of Business, *341 Canton St.*

J. A. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16849

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 8 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Rosa W. Nekusman

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

1 Year,

7

Months,

20

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

46 E. Troef St.
Tubercular Meningitis

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Stephens Cemetery

Date of Burial,

April 10th 1877

Dr. H. M. Arnold M. D.

Medical Attendant.

{ Undertaker,

H. M. Gebmeyer

Address

{ Place of Business,

341 Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16850

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 9

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Ludwig

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

30

Years,

4

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Paper Hanger

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

30 Years

4 Months

Place of Death, { Give street and number. }

315 N. Howard St

Cause of Death, { First (Primary.)
Second (Immediate.) }

Pneumonia Pulmonalis

Duration of Last Sickness,

4 Months

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

April 11th 1877

Geo L. Rice

M. D.

Medical Attendant.

{ Undertaker,

Chas. J. Schwen

Address

37 Grand St

{ Place of Business,

271 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April - 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Denis Fitzpatrick

Sex, Male or Female, { Cross out the word not required in this line. }

male

Age, 60 Years,

7

Months,

10

Days.

Color, W

Sex, m

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Railroad hand

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

40

Place of Death, { Give street and number. }

Morris Alley

Cause of Death, { First (Primary,) }

{ Second (Immediate,) }

Phthisis

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 11th 1877

William Lee

M. D.

Medical Attendant.

{ Undertaker, Jas. J. Seiver

{ Place of Business, 27 North Eutaw St

Address

Eutaw & Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16852

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 7/77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Alexandria Gains

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

98

Years,

Color,

Colored

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Sex,

Male

Occupation,

don't know

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Convict

Duration of Residence in the City of Baltimore,

don't know

Place of Death,

Give street and number.

four months

Maryland Penitentiary

Cause of Death,

First (Primary,)

Second (Immediate,)

Pneumonia

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

C P Cemetery

Date of Burial,

April 9 to

M. D.

Undertaker,

Charles Strayer

Medical Attendant.

Place of Business,

Pratt & Thornton

Address

166 E. Carey St

per W. L. Kessen
officer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16803

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 9 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Henry & Mary Norwig (Parents)

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

5

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

32 E. Balte St

Cause of Death,

First (Primary),

Second (Immediate),

Convulsions

Duration of Last Sickness,

one day

All the above information should be furnished by the Physician.

Place of Burial,

Lutheran Cemetery

Date of Burial,

April 10 1877

Undertaker,

H. W. Meads

Place of Business,

Gay St

Address

Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah Caspar, midwife

Permit No. 16834

The Physician who attended any person, is responsible for the accuracy of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, and to the Registrar of Vital Statistics, as soon as possible, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Elizabeth Davis (Mother)

Sex,

~~Male~~ or Female, { Cross out the word not required in this line. }

Years,

Months, a few hours

Color,

Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

1410 Sarah Ann St

Cause of Death,

First (Primary),

Second (Immediate),

Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

April 10 1877

M. D.

Undertaker,

W. L. Gray

Address

Commissioners of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Dr. Gardner

[OVER.]

Permit No. 16855

OFFICE OF REGISTRAR OF VITAL STATISTICS
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John M^c Nally
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Thirty one Years, Four Months, Days.
Color, White
Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single
Occupation, Church Sexton
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland
Duration of Residence in the City of Baltimore, Sixteen years
Place of Death, { Give street and number. } No 625 West Pratt St
Cause of Death, { First (Primary,) Heart Disease with profuse
Second (Immediate,) Anasarca
Duration of Last Sickness, Five weeks.

All the above information should be furnished by the Physician.

Place of Burial, Nally Cross Cemetery
Date of Burial, April 10
{ Undertaker, J B Cook }
{ Place of Business, 707 West Baltimore St }
Address, Wash. Univ. Hosp.
Chas. B. Fiebler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 76006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maries Gruenbaum
Male

Sex, Male or Female, { Cross out the word not required in this line. }

Age, in this 48 year Years,

Color,

Months,

Days.

White
Married

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Commission Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

about 30 years

Place of Death, { Give street and number. }

Light St. Wharf, Residence 240 W. Lombard

Cause of Death, { First (Primary),
Second (Immediate), }

Heart disease
Sudden,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oak Sham Cemetery

Date of Burial, April 11 77

{ Undertaker, Geo. E. Linn
Place of Business, 101 Gough St }

M. W. Coe

Address Hanover & Barr Sts.

R. C. Lee M. D.
Coroner & D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Opelia Scott*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 10 Years, 4 Months, Days.

Color, (Colored) Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto Md*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *78 N Spring Street*

Cause of Death, { First (Primary,) *Phthisis Pulmonalis*
Second (Immediate,) *one year.*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*

Date of Burial, *April 10th 1892*

{ Undertaker, *John W. Leach*

{ Place of Business, *28 S. Hoff St*

Sam'l J. Powell M. D.
Medical Attendant

Address *No 29 Nisquith St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16858

OFFICE OF REGISTRAR OF VITAL STATISTICS
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death,

First (Primary,)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16839

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 10th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

James Wadicka

Sex, Male ☒ Female ☐

Cross out the word not required in this line.

Age,

Years,

14

Months,

27

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

5 yrs

Place of Death,

Give street and number.

11 Point Lane

Cause of Death,

First (Primary).

Second (Immediate).

Ague & Fever

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

April 10th 1877

Undertaker,

Adam Trunk

Place of Business,

Gay St

Address

Commissioner of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Fran Conrad Friend of the Family

Permit No. 16860

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Bright

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Methodist Cemetery

Date of Burial, April 11, 1877

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16861

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8-1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Jane Lane
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, Seven Years, Two Months, Fourteen Days.
Color, Dark

Married, Single, Widow or Widower, { Cross out the word not required in this line. }
Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) } 10118 Zospen St - Balt Md
Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 10118 Zospen St -
Cause of Death, { First (Primary.) Pulmonary Consumption
Second (Immediate.) Hemorrhage
Duration of Last Sickness, About one year

All the above information should be furnished by the Physician

Place of Burial, Sharp St Cemetery
Date of Burial, April 11th 1877
Undertaker, Mrs James Gray
Place of Business, 65 Mulberry St Address 87 Mulberry St
M. D. Medical Attendant.

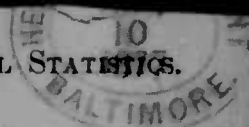
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16862

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 9th 1897

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Wm. P. Ford

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age, about 57

Years,

Months,

Days.

Color,

colored

Sex,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Porter

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

unknown

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

66 Dover St

Cause of Death,

{ First (Primary), }

Asthma

{ Second (Immediate), }

Pneumonia

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Dallas St

Date of Burial,

April 10th 1897

Undertaker,

Hercules Ross

Place of Business,

180 West St

Address

18 St Eutaw St

J. Wm. Waller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16863

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 9th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

James Garity

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

14

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since

Place of Death,

Give street and number.

13 Fish Market

Cause of Death,

First (Primary,)

Second (Immediate,)

Pertussis &
Pneumonia

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Patrick's cemetery

Geo. B. Reynolds

M. D.

Date of Burial,

April 10 1877

Medical Attendant.

Undertaker,

James D. Byrne

Place of Business,

No 63 N. Street St

Address

34 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 76864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

9th April 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth Plack

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

68 Years,

Months,

Days.

Color,

White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

33 years

Place of Death, { Give street and number. }

213 Light St

Cause of Death, {

First (Primary.)

Second (Immediate.)

Phthisis Pulmonalis

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

April 10th 1877

{ Undertaker,

Armstrong & Denny

{ Place of Business,

263 Light St

H. W. Webster

M. D.

Medical Attendant.

Address

57 Bane St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. ~~22800~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~not~~ *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 6th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Theodore E. Edmund*
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, *Twenty five* Years, Months, Days.
Color, *Colored*, Sex, *male*
~~Married~~, Single, ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. }
Occupation, *Waiter*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Cambridge - Maryland*
Duration of Residence in the City of Baltimore, *Ten years*
Place of Death, { Give street and number. } *N^o 12 Druid Hill Avenue.*
Cause of Death, { First (Primary),
Second (Immediate), } *Obtuse Pulmonary*
Duration of Last Sickness, *Four months,*

All the above information should be furnished by the Physician.

Place of Burial, *Cambridge Maryland*
Date of Burial, *April 11. 1877*
Thomas L. Phipps M. D.
Medical Attendant.
{ Undertaker, *John B. Jordan*
Place of Business, *62 Park St*
Address *70 Centre St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 7413

Permit No. 6866

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents. Florence Stewart (Mother)

Sex, Male ~~or Female~~

{ Cross out the word not required in this line. }

Age,

Years,

Months,

2

Days.

Color,

Blk

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

Dist St near Jefferson St
(2nd door)

Cause of Death,

{ First (Primary)...
Second (Immediate.) }

Convulsions

Duration of Last Sickness,

all its life

All the above information should be furnished by the Physician.

Place of Burial,

E. Pub Cemetery

Date of Burial,

April 11 1877

Undertaker,

C. Sheaffer

Place of Business,

Pratt St

Address

Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Florence Stewart
Cousin of Mother

Permit No. 16867

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

April 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Thos M Stembler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years,

Months,

Days.

Color, White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Many life

Place of Death, { Give street and number. }

636

West Baltimore

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlet Fever

Duration of Last Sickness,

2 weeks and 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 11th

D. P. Hoffman

M. D.

Medical Attendant.

{ Undertaker, Blackiston & Son

{ Place of Business, 606 W. Baltimore St. Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 76868

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

April 10 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Peter Koenig

Sex, Male or ~~Female~~

{ Cross out the word not required in this line. }

Age,

Years,

Months,

2 /

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

26 Abbott St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Convulsions

Duration of Last Sickness,

all its life

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

April 11 1877

James A. Menard M. D.
Medical Attendant

Undertaker,

Adam Link

Place of Business,

Gay St

Address
Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Adam Link Undertaker

Permit No. 16869

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 10th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Larry. Maye Tuller.*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *7* Years, *12* Months, *12* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *116 E. Madison St.*

Cause of Death, { First (Primary),
Second (Immediate), } *Maligant Cancer of Liver*

Duration of Last Sickness, *11 Days.*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *11th of April*

Edward J. M. D.
Medical Attendant.

{ Undertaker, *John J. Rodenmayer*
Place of Business, *Greenmount Ave & Monument* Address *137 N. E. 1st St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16870

OFFICE OF REGISTRAR OF VITAL STATISTICS
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Wilhelm Funk

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, 25 Days.

Color, White Sex, Male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 21 Patterson Park Ave

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 21 Patterson Ave

Cause of Death, { First (Primary,) Second (Immediate) } Choke of the Lungs
apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, April 11th 1877

{ Undertaker, H. Focklueh Address 128 Park Ave

{ Place of Business, 246 Eastern Ave

M. D.
Medical Attendant.

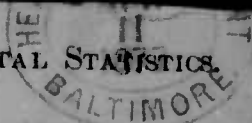
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16871

OFFICE OF REGISTRAR OF VITAL STATISTICS



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Corelia Tidyman*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Seventy Seven* Years,

Months,

Days.

Color, *White*

Sex, *Female*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Calvert County Maryland,*

Duration of Residence in the City of Baltimore, *Sixty* Years,

Place of Death, { Give street and number. } *276 McEuen St,*

Cause of Death, { First (Primary,) Second (Immediate,) } *Asthma*

Duration of Last Sickness, *One year*

All the above information should be furnished by the Physician.

Place of Burial, *New Methodist Church*

Date of Burial, *April 12th 1877*

{ Undertaker, *H. Froehlich*

{ Place of Business, *246 Eastern St*

Address *207 N. Broadway*

Nicholas L. Dashiell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16872

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr. 10th - 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Maggie Louise Arthur

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

6

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

13 Valley St

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

26 Eager St

Cause of Death, { First (Primary), Second (Immediate), }

Whooping Cough

Chloriditis

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, April 11th 1877

Undertaker, James D. Byrne

Place of Business, No 63 N Grand St

Geo Brooke Boyl

M. D.

Medical Attendant.

Address 146 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16873

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 10th. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ann. Murphy

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

4

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

6 Prithia St., Balt. City

Duration of Residence in the City of Baltimore,

Life-time

Place of Death, { Give street and number. }

6 Prithia St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus.

Duration of Last Sickness,

2 months.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent-Cent

Edward M. Devitt M. D.

Date of Burial, April - 11 - 77

Medical Attendant.

{ Undertaker, John J. Rodermay &

Address

127 N. E. 1st St.

{ Place of Business, Cor. Summit and Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lewis Wagner
 Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
 Age, 3 Years, 2 Months, Days.
 Color, white
~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.
 Duration of Residence in the City of Baltimore, Since birth.
 Place of Death, { Give street and number. } 98 Eastern Av.
 Cause of Death, { First (Primary,) Second (Immediate,) } Measles and diphtheria.
Pneumonia
 Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery
 Date of Burial, April 12th 1877
 Undertaker, John T. Treg
 Place of Business, 91 Eastern Av.

A. F. Esich

M. D.
Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16875

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th day of April at 11 o'clock A. M. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Hall

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 4 Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, nurse

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, 1 1/2 years

Place of Death, { Give street and number. } 119 Eastern Ave

Cause of Death, { First (Primary,) Diphtheritis
Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Thursday at 3 o'clock Dr. Charles Koerner M. D.
Medical Attendant

{ Undertaker, George Phaltos 185 S. Bond St

{ Place of Business, Undertaker Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16876

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbara Steubergen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Eight Months, Seventeen Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. }

No. 187 Patterson Park Avenue

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia

Duration of Last Sickness,

Eight days

All the above information should be furnished by the Physician

Place of Burial,

St. Michael's

Date of Burial,

April 11th

Mrs H. Cleudien

M. D.

Medical Attendant

{ Undertaker,

{ Place of Business,

Address 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16877

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 10 - 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John L. Ketchner.*

Sex, *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, *54* Years, *11* Months, *16* Days.

Color, *White* Sex, *Male.*

Married, ~~Single, Widowed or Widower~~, { Cross out the words not required in this line. }

Occupation, *Brick Layer.*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *Since birth.*

Place of Death, { Give street and number. } *No. 55 Stiles St.*

Cause of Death, { First (Primary),
Second (Immediate.) } *Malignant disease of Liver & Stomach.
Dysentery.*

Duration of Last Sickness, *5 months.*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Hope Burying Ground*

Date of Burial, *April 11 1877* *John T. King.* M. D.
Medical Attendant

{ Undertaker, *Wm. A. Laidley*

{ Place of Business, *74, S. B'way* Address *Edmondson Ave near
Cannellton Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 16878

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Caroline Soehr.
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
Age, 33 Years, — Months, 21 Days.
Color, White Sex, Female
Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married.
Occupation, None.
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Saxony, Germany,
Duration of Residence in the City of Baltimore, 18 Years.
Place of Death, { Give street and number. } 20 Shakespeare St.
Cause of Death, { First (Primary,) Enteritis.
{ Second (Immediate,)
Duration of Last Sickness, 12 hours.
All the above information should be furnished by the Physician.
Place of Burial, Alto Cemetery.
Date of Burial, April 12 1877.
Undertaker, W. A. Dwyer.
Place of Business, 74 S. B. St.
Address, J. M. Sullivan, M. D. Medical Attendant.
116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16879

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 65 Years, Months, Days.

Color, ed

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County, Md.

Duration of Residence in the City of Baltimore, about thirty 30 years.

Place of Death, { Give street and number. } 142 Raborg St

Cause of Death, { First (Primary,) Rheumatism
Second (Immediate,) do Chronic

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 12th 1877

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

Address 53 N. Locust St

Ball

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16880

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christiana Walljen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Fifty five Years, Months, Fourteen Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Forty four years

Place of Death, { Give street and number. } No. 7 S. Eden St.

Cause of Death, { First (Primary,) Bright's Kidney Disease
Second (Immediate,) } Three Weeks

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, Apr. 13/77

Undertaker, J. H. Clendenen, M. D. Medical Attendant.

Place of Business, 136 E. Fayette Address No. 139 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Mary

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, One Years, Two Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 72 Woodward St. Bates

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 570 Thacker

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 11th 1877

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St Address 154 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Per

6882

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Agnes Galloway Perry

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age, *deceased at birth*, Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

256 N Eutan st,

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

256 N Eutan st,

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

myeloid of mother
Infection

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

W Public Cemetery

Date of Burial,

April 10th

{ Undertaker,

H H C Perry

{ Place of Business,

448 N Pratt st

Address

Geol Cpl Corcoran

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16883

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. Taylor.

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, Years, 11 Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } McDonough, Ill.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Cor. Patterson Ave & Carey.

Cause of Death, { First (Primary,) Acute Hydrocephalus
Second (Immediate,) }

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Annapolis, Md.

Date of Burial, April 17, 1877. M. D.

Undertaker, J. J. Holmes Medical Attendant.

Place of Business, 262 Penn. Av. Address Cor. E. E. & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 743

[OVER.]

Permit No. 11884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bertha Dowel

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 Years, 3 Months, 9 Days.

Color, Colored. Sex, Female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Balt city No 12 Smith's Court

Cause of Death, { First (Primary,) Dropsy
Second (Immediate,)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Church

Date of Burial, April 11 1844

Undertaker, John W. Locke

Place of Business, 89 S. Wolf St Address

John T. Corner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Per 6883

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 10 1879

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bascom F. Baswick

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

20

Years,

1

Months,

11

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Stearns County, Maryland

Duration of Residence in the City of Baltimore,

9 Years

Place of Death, { Give street and number. }

31 Park St.

Cause of Death, {

First (Primary),

Typhoid Fever

Second (Immediate),

Two Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Pleasant

Date of Burial,

April 12 1879

Undertaker,

J. H. Hammett

Place of Business,

317 Mulberry St.

Address

419 Mulberry St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 746

[OVER.]

Permit 6886

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 21 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Florence Bailey

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

25

Years,

Blk

Months,

Days,

Color,

~~Married~~, Single, ~~Widow~~, ~~Unmarried~~

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Virginia

Duration of Residence in the City of Baltimore,

unknown

Place of Death, Give street and number.

43 S. Sharp Street

Cause of Death,

First (Primary),
Second (Immediate),

Consumption
5 months

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Laurel Cemetery

Date of Burial,

April 12 1877

Undertaker,

S. W. Chase

Place of Business,

S. Eutaw St

Address

James A. Stinson M. D.
Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Augustus Brown [over]
43 S. Sharp St

Permit No. 11,887

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, April 11th 1877

Undertaker, Jacob Weaver

Place of Business, 416 Broad Street

Address 47 Lexington St.

W. Riley

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16888

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Years,

Months,

Sex,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Pe 6889

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Chesley Fenton

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

10 Months,

25 Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt City.

Duration of Residence in the City of Baltimore,

Life -

Place of Death, { Give street and number. }

846 Lexington St

Cause of Death, { First (Primary.)
Second (Immediate.) }

Enteritis

Exhaustion & Inanition

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

April 11th 1877

Undertaker,

Peter Kummer

Place of Business,

317 Mulberry St.

W. H. Requele

M. D.

Medical Attendant.

Address

500 Fayette & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Per

6890

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *11th of April 77.* *4 o'clock A.M.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Anton Guenger*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *51* Years, *9* Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Carryman*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Rockenberg (Kreis Friedberg i. Hessen-Darmstadt. Germ.)*

Duration of Residence in the City of Baltimore, *23 Years*

Place of Death, { Give street and number } *686 Ramray - Street extended. 686.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*

Duration of Last Sickness, *5 Months.*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral - Cemetery*

Date of Burial, *April 12th 1877*

Dr. C. Reinhard M. D.
Medical Attendant.

{ Undertaker, *P. Kimmant*

{ Place of Business, *317 Mulberry St* Address *761 West - Lombard - Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16891

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Martha E. Leving

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 57 Years, Months, Days.

Color, White Sex, Female

Married, ~~Single~~, Widow or ~~Widower~~ { Cross out the words not required in this line. }

Occupation, Lady

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Frederick Co. Md.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 120 N. Calvert St.

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,) Apoplexy.

Duration of Last Sickness, one hour and a half

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 12th

Undertaker, Thos. G. G. G. G.

Place of Business, 41 E. Main St.

James H. Stewart, M. D.
Medical Attendant.

Address 93 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16892

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Years,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Wash Cemetery*

Date of Burial, *April 12*

Undertaker, *J B Cook*

Place of Business, *707 West Baltimore*

Address

R K Mearns M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16893

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1897

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Mr. Ross Winans

Sex, Male or Female, Cross out the word not required in this line.

Age, Eighty Years, Five Months, Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, None

Birthplace, State or country (and how long in the United States, if of foreign birth.) Sussex Co New Jersey

Duration of Residence in the City of Baltimore, about 48 years

Place of Death, Give street and number. 51 Hollins St

Cause of Death, First (Primary), Second (Immediate), Old age
Heart disease

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 13th April 1897

Undertaker, Hyatt Jenkins & Son

Place of Business, 15 Light St

Thomas L. Shearn M. D.
Medical Attendant.

Address 97 1/2 Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16894

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Baltimore April 10th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elyse P. Montague*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *47* Years, *2* Months, *3* Days.

Color, *white* Sex, *Female*

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *All her life*

Place of Death, { Give street and number. } *249 St Charles near Eager*

Cause of Death, { First (Primary),
Second (Immediate), } *Dropsy of Liver*

Duration of Last Sickness, *12 days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mt Cemetery*

Date of Burial, *13th April 1877*

{ Undertaker, *Mr Jenkins & Son* Address

{ Place of Business, *15 Light St*

Wm Stuebel M. D.
Medical Attendant

121 St Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *6895*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 10. 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.*Mrs Jane Colley*

Sex, Male or Female,

Cross out the word not required in this line.*Female*

Age,

70

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.*Widow*

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)*Balt. City*

Duration of Residence in the City of Baltimore,

life

Place of Death,

Give street and number.*12**Chapel Street. Chappell St*

Cause of Death,

First (Primary),*Stomachic Cady a few days before death -*Second (Immediate),*she seemed to have no disease - extremely*

Duration of Last Sickness,

*emaciated and sank from debility*All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

*April 12**Marbury Brewer*

M. D.

Medical Attendant.

{ Undertaker,

C. H. Blizzard

Address

201 W. Biddle St.

{ Place of Business,

201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Per

6896

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *10 April 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mrs Emory Smith*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *7* Years, *2* Months, *7* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. City*

Duration of Residence in the City of Baltimore, *life*

Place of Death, { Give street and number. } *190 Lawrence Street*

Cause of Death, { First (Primary.) Second (Immediate.) } *Diphtheria, extending to Larynx asphyxia*

Duration of Last Sickness, *7 days*

All the above information should be furnished by the Physician.

Place of Burial, *Louder Park*

Date of Burial, *April 17*

{ Undertaker, Place of Business, Address } *W. H. Briggs* *Marbury Brown*

201 Penae *201 Biddle St.*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16897

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Color,

Years,

Months,

Days.

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, April 12th 1897

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and place of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit 16898

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Mary Rusk

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 80 Years, Months, Days.

Color, white

~~Married, Single~~, Widow or ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Since birth

Place of Death, Give street and number. 198 E. Fayette St

Cause of Death, First (Primary), Second (Immediate), Continued fever
Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Apr 13/77

Undertaker, Hughes & Co

Place of Business, 65 E Broadway

G. Granville Rusk M. D.
Medical Attendant.

Address Balt & Wash. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16899

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lottie Wilson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 Years,

Color, White Months, Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Home of the Friendless

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 12th 1877

{ Undertaker, Jacob Weaver

{ Place of Business, 104 & 6 David Hill Avenue

Address 207 W. Middle St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa J. Pickles

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 27 Years, 6 Months, Days.

Color, white.

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number. } 292 E. Pratt St.

Cause of Death, { First (Primary.) Organic Disease of the Heart
Second (Immediate.) Myocardium. }

Duration of Last Sickness, Four days.

All the above information should be furnished by the Physician

Place of Burial, Balto Cem

Date of Burial, Apr 13 '87 A. E. Esich M. D. Medical Attendant.

{ Undertaker, M A Waiger

{ Place of Business, 74 B. way Address 74 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No.

16901

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 11th 1899

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Smallwood

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Years,

Four

Months,

Days.

Color,

Black

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

3 Chapel St. (Ct.)

Duration of Residence in the City of Baltimore,

4 months

Place of Death,

Give street and number.

3 Chapel St.

Cause of Death,

First (Primary),

Second (Immediate),

asphyxia

Duration of Last Sickness,

2 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Dallas St. Cem

Date of Burial,

April 13 1899

Undertaker,

John W. Locks

Place of Business,

598 Wolf St

Address

W. C. Ireland

M. D.

Brown E. D. I. H.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16902

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 12th 77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mrs. H. Johnston

Sex, Male ~~or Female~~,

Cross out the word not required in this line.

Male

Age,

5

Years,

4

Months,

29

Days.

Color,

Black

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

No 212 Green St

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Beth St No 9

Cause of Death,

First (Primary.)

Second (Immediate.)

Phthisis Pulmonaris

Duration of Last Sickness,

Four months

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

April 12th 1877

Undertaker,

John S. Macdon

Place of Business,

10150 Camden Address

W. H. Erim

183 Trayette St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit

16903

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 11 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Miss*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *7* Years, *8* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *3 North St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Apoplexy*

Duration of Last Sickness, *4 days*

All the above information should be furnished by the Physician

Place of Burial, *Western Cemetery*

Date of Burial, *April 13 1877*

Chas. J. Gaddis M. D.
Medical Attendant.

{ Undertaker, *Andrew Snell* Address *108 E. Calver St.*
Place of Business, *206 Columbia St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS, RE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 1877.*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles Ed. Watkins*
Sex, *Male* on ~~Female~~, { Cross out the word not required in this line. }
Age, *25* Years, *10* Months, *27* Days.
Color,

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*
 Date of Burial, *April 12th 1871*
 Undertaker, *William H. Lunge*
 Place of Business, *1012 East St.*

W. H. Lunge M. D.
 Medical Attendant.
 Address *11 S. High*

*Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16905

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Fisher

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

Months,

Days,

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Bath. N. D.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Chester st. (W. have none near Monument)

Cause of Death,

First (Primary),

Second (Immediate),

Premature Birth, at 7 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel Burying Ground

Date of Burial,

April 12th 1877

Undertaker,

A. Höhler

Place of Business,

2446 Lombard st

Address S. W. Cor. Holl St & Canton and

C. M. Schutte Jr. - M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Ann Spada

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } 402 W. Lombard St.

Cause of Death, { First (Primary,) Second (Immediate,) } Compromise of brain, consequent to injury

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet & James Knapp M. D.

Date of Burial, April 12 1877

{ Undertaker, J. B. Blackiston & Son

{ Place of Business, 606 Bate st Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. *16907*

BOARD OF HEALTH,
CITY OF BALTIMORE,
OFFICE OF REGISTRAR OF VITAL STATISTICS.

A TRANSCRIPT from the RECORD OF DEATHS in the City of Baltimore.

Baltimore, March 1st, 1887

NAME OF DECEASED.	DATE OF DEATH.	AGE OF DECEASED.
<i>Patrick Gormley</i>	<i>April 11th 1877</i>	<i>48 years.</i>
CONDITION.	BIRTHPLACE.	HOW LONG RESIDENT IN CITY OF BALTIMORE.
<i>Married</i>	<i>Boston, Massachusetts.</i>	<i>1 month</i>
DURATION OF LAST SICKNESS.	CAUSE OF DEATH.	PLACE OF DEATH.
<i>Unknown</i>	Primary, <i>Cholera</i>	<i>No 81</i>
	Immediate, <i>"</i>	<i>Eastern Avenue St.</i>
PLACE OF BURIAL.	MEDICAL ATTENDANT.	UNDERTAKER.
<i>Baltimore Cemetery</i>	<i>A. Frigo, M.D.</i>	<i>James P. Byrne</i>



True Copy.

James A. Dorman, M.D.
Commissioner of Health and Registrar.

Edward Correll
Clerk to Registrar.

Permit No. 16907

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1877 11 P.M.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Patrick Edwin Gurnley
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 48 Years, Months, Days.
Color, White
Married, Single, Widowed, { Cross out the words not required in this line. }
Occupation, Laborer Stone Mason
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Boston Ireland
Duration of Residence in the City of Baltimore, One Month
Place of Death, { Give street and number. } 84 Eastern Av
Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis
Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ballman Cemetery
Date of Burial, April 13 1877
{ Undertaker, James P. Byrne
Place of Business, 11063 N. Trent St }
Address 11 S. High St
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16908

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th, 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary Myers

Sex, Male or Female, Cross out the word not required in this line. Female

Age, 1 Years, 1 Month, Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, Give street and number. #253 S. Durham St.

Cause of Death, First (Primary,) Second (Immediate,) Inflammation of intestines complicating measles.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Ref. St. Pauls Cemetery

Date of Burial, April 13 1877

Undertaker, Henry Smith

Place of Business, 253 Canton St.

Address 243 Alice Anna St.

John H. Rhobogen M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16909

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 11th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John M. Cates*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *40* Years, Months, Days.

Color, *White* Sex,

~~Married~~, Single, ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, *Miner*

Birthplace, { State or country and how long in the United States, if of foreign birth. } *Ireland - 1870 in America*

Duration of Residence in the City of Baltimore, *6 mos.*

Place of Death, { Give street and number. } *St. Joseph's Hospital*

Cause of Death, { First (Primary), Second (Immediate), } *Consumption (Tuberculosis)*
& Chronic Diarrhea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *April 13th 1877*

{ Undertaker, Place of Business, } *Henry Plack*

Address *108 Walnut St.*

Dean Costery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16910

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr 11. 77

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

John Brehmer

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

2 Years,

2 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

North Broadway Belair road

Cause of Death,

{ First (Primary),
Second (Immediate.) }

Diphtheria

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

Apr 13 - 1877

J. L. M. D.
Medical Attendant.

{ Undertaker,

Henry Throck

{ Place of Business,

309 Central Ave

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16711*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *12th April 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elizabeth Sawyer*

Sex, *Male*, or Female, { Cross out the word not required in this line. }

Age, *17* Years, *2* Months, *.* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *156 Monument St.*

Cause of Death, { First (Primary.) } { Second (Immediate.) } *tumor cerebri, on the basis of the cranium*

Duration of Last Sickness, *ab. 7 1/2 years*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore County*

Date of Burial, *April 15 1877* *Chapman, M. D.*
Medical Attendant.

{ Undertaker, *Henry H. H.* Address *57. Lisquith.*
{ Place of Business, *57. Lisquith.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16912

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 12th 1877-

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

James Burns-

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Four

Years,

Nine

Months,

Days.

Color,

White

Sex,

Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Avondale, Chester Co. Pa-

Duration of Residence in the City of Baltimore,

About 6 months-

Place of Death, Give street and number.

* 82 Parkin St-

Cause of Death,

First (Primary,)

Messles-

Second (Immediate,)

Groupe diphtheria-

Duration of Last Sickness,

About 10 days-

All the above information should be furnished by the Physician.

Place of Burial,

St Peter's Cemetery

Date of Burial,

April 13

Benj^h Whitely

M. D.

Medical Attendant.

Undertaker,

J B Cook

Address

Place of Business,

707 West Baltimore

" Balto Gen. Sisy"

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16913

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary E. Holton,

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 23 Years, 11 Months, Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, Housewife

Birthplace, State or country (and how long in the United States, if of foreign birth.) St. Mary's Co. Md.

Duration of Residence in the City of Baltimore, Five years

Place of Death, Give street and number. 93 S. Hall. St.

Cause of Death, First (Primary), Phthisis Pulmonalis
Second (Immediate), Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 13th

Undertaker, John Brown

Place of Business, 11 S. Wolf

Address B. Glenville, Park M. D.
Medical Attendant. 13 S. Hall. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16914

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H. Reed
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, Twenty four Years, Months, Days.
Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Stone

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 50 North Broadway

Cause of Death, { First (Primary,) Consumption
Second (Immediate,) Pleuro-pneumonia

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 14th

{ Undertaker, Thos. J. Hughes

{ Place of Business, 10 E. Baltimore St.

Milton K. Taylor M. D.
Medical Attendant.

Address 10 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No.

16915

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 12th 1874.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Willie Willey

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

Months,

Fourteen

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

City.

Duration of Residence in the City of Baltimore,

Two weeks

Place of Death,

{ Give street and number. }

No. 1. Bank St.

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Bellmore Cemetery

Date of Burial,

April 13 1874

Undertaker,

James D. Byrne

Place of Business,

No 63 N Front St

D. C. Ireland

M. D.

Coroner E. D.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16916

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 21 Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 14th 1877

{ Undertaker, Henry Hochstetler

{ Place of Business, 246 Eastern Ave

John D. Bieker M. D.
Medical Attendant.

Address No. 314 E. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

12th of April 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Concepcion

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

56 Years,

9 Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

20 years

Place of Death, { Give street and number. }

280 Eastern Ave

Cause of Death,

{ First (Primary),
Second (Immediate), }

Typhoid Fever

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Balto. Cemetery

Date of Burial,

April 14th 1877

{ Undertaker,

H. Froehlich

{ Place of Business,

246 Eastern Ave

Address

241 S. 1st St

Stethum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16918

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } E. H. Dohittington

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 5 Months, Days.

Color, Dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 77 Leadenhall St.

Cause of Death, { First (Primary,) Portia's
Second (Immediate,) convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13

{ Undertaker, Hecker's Sons
Place of Business, 18 West St

R. M. Hall M. D.
Medical Attendant.

Address 266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16919

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13 April 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, Years, 2 Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Bay view Asylum
Duration of Residence in the City of Baltimore, 7 weeks
Place of Death, { Give street and number. } St Vincent's Infant Asylum
Cause of Death, { First (Primary,) Marasmus
Second (Immediate,) Hydrocephaloid Convulsions
Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery
Date of Burial, 14 April 1877
{ Undertaker, Daniel Bowser
Place of Business, 156 Division St. }
Mortuary Brewer M. D.
Medical Attendant.
Address 201 W. Beale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th April, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Shulteis

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 18 Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 686 W Baltimore St

Cause of Death, { First (Primary,) Second (Immediate,) } Congestion of Brain

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 13th

{ Undertaker, J D Dowling

{ Place of Business, 664 Fred Av

Address, 530 W Fayette St

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Rose Hicks
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 3 ~~4~~ Years, 11 Months, 12 Days.
Color, Col
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } W S
Duration of Residence in the City of Baltimore, Native
Place of Death, { Give street and number. } M 28 Rose St
Cause of Death, { First (Primary,) Chronic Lip disease
Second (Immediate,) Convulsions
Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery
Date of Burial, April 13th 1877
Undertaker, J. M. Jones Gray
Place of Business, 63 Mulberry St
Address, 142 Pearl St
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16922

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

13th April 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ann M. Naval

Sex, Male ☒ Female,

Cross out the word not required in this line.

Age,

81

Years,

2

Months,

Days.

Color,

W

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Ind.

Duration of Residence in the City of Baltimore,

47 years

Place of Death,

Give street and number.

1425 W. Morris St.

Cause of Death,

First (Primary),

Second (Immediate.)

Paralysis (Partial)

Duration of Last Sickness,

Three months.

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt Cemetery

Date of Burial,

April 14/77

Undertaker,

W. Jenkins, Sr.

Place of Business,

16 Light St.

Address

1 Waverley Terrace

Geo H. Dyer

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 16923

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Apr 12. 77*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } *John Gebhardt*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *36* Years, *6* Months, Days.

Color, *W.*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Sailor*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Barraca - 27 years*

Duration of Residence in the City of Baltimore, *27 years*

Place of Death, { Give street and number. } *42 S. Wolfe*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis*

Duration of Last Sickness, *about 2 years*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *April 14*

L. L. Lusk M. D.
Medical Attendant.

{ Undertaker, *Wendelin Dippel* }

{ Place of Business, *S. Bond St. 151* }

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 16924

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th. April 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Kuml
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, ~~~ Years, 5 Months, 13. Days.
Color, white.
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, ~~~~
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore, During lifetime
Place of Death, { Give street and number. } N. Wolferbut St.
Cause of Death, { First (Primary,) Hydropneumothorax chronic
Second (Immediate,) Conductions
Duration of Last Sickness, 6 days
All the above information should be furnished by the Physician.
Place of Burial, St. Alphonsus Cemetery William Kuml M. D.
Date of Burial, April 15 Medical Attendant.
{ Undertaker, Wendelin Dippel Address, S. Wolferbut St. 117.
{ Place of Business, S. Bond St. 151

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

DEATH OF DECEASED, CITY OF BALTIMORE,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Etta Ravelin

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, Six Months, _____ Days.

Color, Caucasian Sex, female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. city

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 30 Walnut St

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,) _____

Duration of Last Sickness, short time

All the above information should be furnished by the Physician.

Place of Burial, _____

Date of Burial, April 13

{ Undertaker, _____

{ Place of Business, _____

Agnes Hughes M. D.
Medical Attendant.

Address 234 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles M. Donald

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, about 40 Years, Months, Days.

Color, red

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Gas Engineer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Born around Co

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, { Give street and number. } 1711 Washington Avenue

Cause of Death, { First (Primary,) { Pneumonia } Second (Immediate,) { Pneumonia }

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician

Place of Burial, { } A. W. Colburn M. D.

Date of Burial, April 14 1877

{ Undertaker, { } Medical Attendant.

{ Place of Business, { } Address 369 N. Second St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Anthony Blunt
 Sex, Male or Female, { Cross out the word not required in this line. }

Age, one Years, on — Months, Days.
 Color, Catard Sex, Y

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ————

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all time

Place of Death, { Give street and number. } No 8 Wayne St

Cause of Death, { First (Primary,) } Early Diphtheria
 { Second (Immediate,) } 3 months

Duration of Last Sickness, 3 months
 All the above information should be furnished by the Physician.

Place of Burial, ———— M. D.

Date of Burial, April 13 1877 Medical Attendant.

{ Undertaker, ———— } Address No 23 Bath St
 { Place of Business, ———— }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13, 1874

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Baldwin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Farmer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } A. S. Co Md

Duration of Residence in the City of Baltimore, 2 months

Place of Death, { Give street and number. } 144 King

Cause of Death, { First (Primary.) Second (Immediate.) } Cancer of Stomach

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 14, 1874

Undertaker, J. H. Brown

Place of Business, 144 Hanover St City

Dec. H. Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

16929
City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1877

Full Name of Deceased, Emma Lane

Sex, Male or Female, Female

Age, Two Years, Months, Days.

Color, Light Copper

Married, Single, Widow or Widower, Single

Occupation, None

Birthplace, Baltimore

Duration of Residence in the City of Baltimore, Two years

Place of Death, 23 Pariah st.

Cause of Death, Whooping Cough

Duration of Last Sickness, Phtisis Pulmonalis

All the above information should be furnished by the Physician. Three Weeks

Place of Burial, Laurel Cemetery

Date of Burial, April 15 1877

Undertaker, J. H. Chase

Place of Business, 178 Howard

Address, Cor Dolphin & Rep...

C. F. Bohrer M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 16930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Robert C. White

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

/ Month,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

160 Sharp St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Pertussis
Convulsions

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

April 14th 1877

R. J. H. Tall M. D.
Medical Attendant.

{ Undertaker,

Fredk. T. Trolle

Address

158 Sharp St.

{ Place of Business,

131 S. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.



16931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 13th, 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Joseph Philipowski*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, Years, *2 Months,* *14 Days.*

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City, Md.*

Duration of Residence in the City of Baltimore, *Since Birth.*

Place of Death, { Give street and number. } *285 Alice Anna St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Malignant Scarlet Fever*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Anthony's Cemetery*

Date of Burial, *April 15*

Undertaker, *Hendrick Dippel*

Place of Business, *S. Bond St. 151*

John Rehberger M. D.
Medical Attendant.

Address *243 Alice Anna St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

16932

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 12th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Isabella Frisby*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *Eighteen* Years, *Seven* Months, *1* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Waitress*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Harford County Maryland*

Duration of Residence in the City of Baltimore, *Fifteen years*

Place of Death, { Give street and number. } *No 287 Hamburg St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Hereditary Phthisis*
Atrophy

Duration of Last Sickness, *Three months*

All the above information should be furnished by the Physician.

Place of Burial, *Lanzer Cemetery*

Date of Burial, *April 14th 1877*

{ Undertaker, *Heracles Raps*

{ Place of Business, *No 180 West St*

J. D. Dyer M. D.
Medical Attendant.
No 146 Hill St
Address *Baltimore Md*

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

16934
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 13th 1897

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ann Marie Mooney

Sex,

~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

31

Years,

Months,

Days.

Color,

coll

Married,

~~Single~~ ~~Married~~ ~~Widowed~~

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md

Duration of Residence in the City of Baltimore,

10 years

Place of Death,

{ Give street and number. }

3 St James Street

Cause of Death,

{ First (Primary),
Second (Immediate.) }

Child Birth
Hemorrhage

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

April 14 1897

J. A. M. M. D.

Undertaker,

W. N. Dwyer

Place of Business,

East St

Address

Commissioners of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sophie Hand Medwife

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16935
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lavinia Gibson

Sex, ~~Male~~, or Female, { Cross out the word not required in this line. }

Age, One Years, 5 Months, 14 Days.

Color, red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Benson St No 10

Cause of Death, { First (Primary,) Cataract
Second (Immediate,) Membrane

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14th 1877

{ Undertaker, William C. Lange

{ Place of Business, No 12 East St

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N. E. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

16936

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 47

Color, Years, 6 Months,

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Days.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), ... Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker, { Place of Business, }

John D. Fisher M. D. Medical Attendant. Address No. 314 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 16987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 11. 1897*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Edmund Higley*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *62* Years, *5* Months, Days.

Color, *White*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *Bricklayer*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *# 117 N. Paca St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis Pulmonalis*
Exhaustion

Duration of Last Sickness, *One or two years*

All the above information should be furnished by the Physician

Place of Burial, *London Park*

Date of Burial, *Sunday 14. 5th*

{ Undertaker, *John W. Weaver*

{ Place of Business, *129 North Paca St*

Address *# 305 N. Carroll*

A. Hartman M.D.S.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *13th of April 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ronald Perrot*

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, *28* Years, Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Barber*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *15 years*

Place of Death, { Give street and number. } *262 P. Broadway*

Cause of Death, { First (Primary)... Second (Immediate,) } *Phthisis tuberculara*
Marasmus

Duration of Last Sickness, *1 year*

All the above information should be furnished by the Physician.

Place of Burial, *German United St. Paulus Cemetery*

Date of Burial, *15th April 1877*

{ Undertaker, *Wm. Nicolaus* Address *245 S. Baltimore St.*
Place of Business, *253 W. Main St.*

J. H. H. M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 14th 1897*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Elizabeth Arndt*

Sex, ~~Male~~ & Female, Cross out the word not required in this line.

Age, *114* Years, *1000* Months, *1* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, *None*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *54 Bontoloi st.*

Duration of Residence in the City of Baltimore, *54 Bontoloi st.*

Place of Death, Give street and number. *54 Bontoloi st.*

Cause of Death, First (Primary,) Second (Immediate,) *Pertussis*
Pneumonia

Duration of Last Sickness, *Five weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Landenpark*

Date of Burial, *April 16th 1897*

Undertaker, *John R. Paulus*

Place of Business, *66 Frederick Ave.* Address

Adolph Boehm, M. D.
53 S. Baltimore St. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16940
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1877
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Eliza Ford
Sex, ~~Male~~ Female, Cross out the word not required in this line.
Age, 16 Years, Months, Days.
Color, Blk

~~Married~~, Single, ~~Widow or~~ ~~Orphan~~, Cross out the words not required in this line.
Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First (Primary),
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Rebecca Ford
her Sister [OVER.]

16941

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Rader
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 67 Years, — Months, — Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow
Occupation, House Keeper
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany
Duration of Residence in the City of Baltimore, 37 years
Place of Death, { Give street and number. } 114 St. Peters St.
Cause of Death, { First (Primary,) Old age
Second (Immediate,) Heart disease
Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery
Date of Burial, April 14 1877
{ Undertaker, Andrew Knoll
{ Place of Business, 206 Columbia St.
R. C. Lee M. D.
N. W. C. C. C.
Address Hammond Barr St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

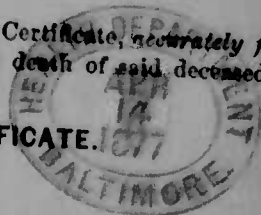
Board of Health, City of Baltimore,

Permit No. 16944

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Liebert

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62 Years, 0 Months, 0 Days.

Color, White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } German

Duration of Residence in the City of Baltimore, Twenty five Years

Place of Death, { Give street and number. } 13 E. Canton St

Cause of Death, { First (Primary,) Hepatical Tumors. Second (Immediate,) }

Duration of Last Sickness, over One year. Last April one week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, April 15th 1877

{ Undertaker, H. M. Gibmeyer

{ Place of Business, 31st Canton St.

Address 77 N. E. St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 116943

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward B. Coleman.

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, Fifty nine Years, Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single.

Occupation, Watchman (Baltimore & Ohio Rail Road, Locust St.)

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, { Give street and number. } No. 2 Andrew St. Locust Point.

Cause of Death, { First (Primary), Second (Immediate), } Consumption.

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Ball's Cemetery

Date of Burial, April 18th 1877

{ Undertaker, Jacob Heane

{ Place of Business, South Hill Address 207 S. Broadway

Nicholas L. Dashiell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Monohan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Two

Years,

Seven

Months,

Days.

Color,

White

Sex,

Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto. Md.

Duration of Residence in the City of Baltimore,

2 yrs. - 7 mos.

Place of Death, { Give street and number. }

82 Parkin St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Measles

Croupous diphtheria

Duration of Last Sickness,

About one week

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Benja. Whitley

M. D.

Date of Burial,

April 15

Medical Attendant.

{ Undertaker,

J. B. Cook

Address

309 W. Fayette St.

{ Place of Business,

407 W. St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No.

16945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henrietta Jones

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, 6 Days.

Color, *red*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 103 Hamburg St

Cause of Death, { First (Primary,) Catarrh
Second (Immediate,) Congestion

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 14th 1877

Under signer of name, A. W. Gellum M. D. Medical Attendant.

Place of Business, 103 Lee St Address 369 N Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Anderson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 16 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Howard Co.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and number. } 158 Hoffman St

Cause of Death, { First (Primary,) Plethoric Pulmonary }
 { Second (Immediate,) }

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15th 1877

Undertaker, J. M. Gray

Place of Business, 65 Mulberry St

Address 209 W. Balduck St

L. E. Atkinson M. D.
 Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 13th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Martha Theresa McCall

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Nine

Years,

Months,

Four Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Nineteen Bird St

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, April 15 1877

Undertaker, James D Byrne

Place of Business, N^o 63

John Hall M. D.
Medical Attendant.

Address Southern Dispensary
45 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

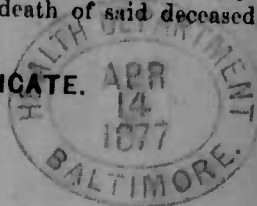
Board of Health, City of Baltimore,

Permit No. 16948

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 13th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Margaret E. Girdwood

Sex, ~~Male~~ or Female, Cross out the word not required in this line. Female

Age, 32 Years, Months, Days.

Color, White Sex, Female

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line. Married

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) Barbadoes

Duration of Residence in the City of Baltimore, 18 months

Place of Death, Give street and number. 673 W. Lexington St.

Cause of Death, First (Primary,) Second (Immediate,) Pulmonary Consumption
Miscarriage

Duration of Last Sickness, Two & a half months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery Thomas Opie M. D.
Medical Attendant.

Date of Burial, April 15 1877

{ Undertaker, James O. Byrne
Place of Business, No 68 N. Front St Address 396 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Larnal Johns

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

4 Years,

10

Months,

Days.

Color,

White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Delaware

Duration of Residence in the City of Baltimore,

3 years

Place of Death, { Give street and number. }

166 Argyle Ave

Cause of Death, { First (Primary.) Second (Immediate.) }

Meningitis

Duration of Last Sickness,

19 days

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

April 16th 1877

H. Darling

M. D.

Medical Attendant.

{ Undertaker,

John. H. Weaver

{ Place of Business,

22 West Fayette St

Address

143 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *8 p.m.*, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 14th, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Clara Anna Copson*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *Two* Years, *Two, Six* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *No 229 S. Bond St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Whooping Cough*
Convulsions

Duration of Last Sickness; *Three days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 16th 3 p.m.* *Wm H. Claudineau, M. D.*
Medical Attendant.

{ Undertaker, *Henry Glauke* Address *No. 129 N. Broadway*

{ Place of Business, *252 Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *April 14th*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Hodges*
Sex, Male or Female; { Cross out the word not required in this line. }
Age, *40* Years, Months, Days.
Color, *Black*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, *Bricklayer*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Maryland*
Duration of Residence in the City of Baltimore, *40 yrs*
Place of Death, { Give street and number. } *Balt. Infirmary*
Cause of Death, { First (Primary), Second (Immediate), } *Pistol wound through the Liver*
Haemorrhage
Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*
Date of Burial, *April 16th 1877*
{ Undertaker, *Wm J Gay* }
{ Place of Business, *43 Mulberry St* }
Address *Union Hospital*
T. A. Asbly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

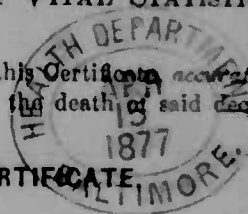
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, April 13th 1899.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Jennings Cook
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 23 Years, Months, Days.
Color, Dark Sex,
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Captain Shunker
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City
Duration of Residence in the City of Baltimore, Whole Life
Place of Death, { Give street and number. } 214. Chapel St
Cause of Death, { First (Primary, } Bronchial Pneumonia
{ Second (Immediate, } Consumption of Lungs
Duration of Last Sickness, 3 months.
All the above information should be furnished by the Physician.
Place of Burial, Dallas St Cem E. W. Gordon M. D.
Date of Burial, April 15 1899 Medical Attendant.
{ Undertaker, John W. Lock Address 166 Jefferson St
{ Place of Business, 57 Wolf St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 16953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.~~

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 14th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Elen S Davidson

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Female

Age,

Years,

seventeen

Months,

Days.

Color,

White

Sex,

Female

~~Married~~, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

165 George St

Cause of Death,

(First (Primary),)

Second (Immediate),

Friction of Brain

Duration of Last Sickness,

about two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

April 15th 1877.

Undertaker,

J. S. Wood

Place of Business,

707 N. Balto.

Address

J. J. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 15th 77.*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *A. B. Hecker.*
Sex, Male or Female, { Cross out the word not required in this line. } *Male.*
Age, *6* Years, — Months, — Days.
Color, *White*
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, —
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Richmond*
Duration of Residence in the City of Baltimore, —
Place of Death, { Give street and number. } *401 N. Calver St.*
Cause of Death, { First (Primary,) *Malignant. Scarlet fever.*
Second (Immediate,) }
Duration of Last Sickness, *2 1/2 days.*
All the above information should be furnished by the Physician.
Place of Burial, *Mount Olivet*
Date of Burial, *April 15th 1877*
{ Undertaker, *Jacob Weaver*
Place of Business, *No 426 Druid Hill Avenue* }
Address *C. Strickland & Freeman*
G. W. Harris. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

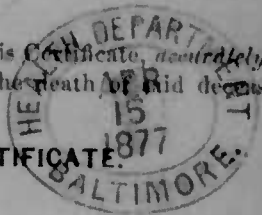
Board of Health, City of Baltimore,

Permit No. 16953-

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *April 14th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Amelia Richardt.*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, _____ Years, _____ Months, *Five* Days.

Color, *White* Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *City.*

Duration of Residence in the City of Baltimore, *5 days.*

Place of Death, { Give street and number. } *49. Bausel St.*

Cause of Death, { First (Primary,) *Convulsion.*
Second (Immediate,) _____

Duration of Last Sickness, *10 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Meyers Cemetery*

Date of Burial, *April 15th*

{ Undertaker, *Mr. Funk*
Place of Business, *No. 35 Bank St.* Address

N. C. Ireland M. D.
Corcoran & Dist Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 16956

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 15th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ann H. Bergmann*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *77* Years, *3* Months, *19* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Widow*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *34 years*

Place of Death, { Give street and number. } *333 Cross st.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Old age*
Natural Causes
Short

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 17th*

{ Undertaker, *J. H. Trol* *n. w. cor.* *P. C. Lee M. D.*
Place of Business, *90 S. Howard st.* *Barren S. D.*
Address *Harmon & Barr st.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11,957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Sex, Male or Female,

Age, 33

Color,

Married, Single, Widow or Widower,

Occupation,

Birthplace,

Duration of Residence in the City of Baltimore,

Place of Death,

Cause of Death,

Duration of Last Sickness,

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Write legibly and spell correctly. If an infant not named, give names of parents.

Cross out the word not required in this line.

Cross out the words not required in this line.

State or country (and how long in the United States, if of foreign birth.)

Give street and number.

First (Primary),

Second (Immediate),

All the above information should be furnished by the Physician.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adelaide Mary

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 45 Years, Months, Days.

Color, W Sex, F

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Norfolk Va

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and number. } 207 N Carey St

Cause of Death, { First (Primary,) Pulmonary Consumption
Second (Immediate,) Suppurating Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, 17th April 1877

Under signer of name, Henry N. Jackson

Place of Business, 16 Light St

Address, 189 N Howard St

Richd. Lusherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel Boardly

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 3 Months, 4 Days.

Color, Colored Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } State of Miss. Boardly

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 215 S. E. Boyd alley

Cause of Death, { First (Primary,) Tuberculosis
Second (Immediate,) Pneumonia acute

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16, 1877

{ Undertaker, J. H. Boardly
Place of Business, 110 S. Howard St

Address, 110 S. Howard St

Medical Attendant, J. H. Boardly M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 16960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 15th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Held

Sex, Male or Female,

Cross out the word not required in this line.

Age,

24 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Moulder

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Pennsylvania

Duration of Residence in the City of Baltimore,

23 years.

Place of Death,

Give street and number.

187 S. Washington St.

Cause of Death,

First (Primary.)

Organic Disease of the Heart

Second (Immediate.)

Marasmus.

Duration of Last Sickness,

Two years

All the above information should be furnished by the Physician

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

April 18th 1877

Undertaker,

H. M. Geyer

Place of Business,

341 Canton St.

Address

Aug. F. Erich

M. D.

Medical Attendant.

24 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isabella Bordy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 55 Years, Months, Days.

Color, Colored Sex, Widow

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Two years

Place of Death, { Give street and number. } 57 L. Monument

Cause of Death, { First (Primary,) Phthisis?
Second (Immediate,) Pulmonary Hemorrhage

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16th 1877

{ Undertaker, Wm P Gray
Place of Business, 45 Mulberry St

Address 209 W. Biddle St

D. E. Atkinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emily Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 20 Years, _____ Months, _____ Days.

Color, Colored Sex, Female

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 1421 Lydon St

Duration of Residence in the City of Baltimore, 21 years

Place of Death, { Give street and number. } 1421 Lydon St

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, April 16th 1877

{ Undertaker, J. J. Jones & Co. Address 25 N. Green St

{ Place of Business, 65 Mulberry St

L. A. Givins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margt. Amelia Schwitzer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 43 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } 88 Warner St.

Cause of Death, { First (Primary.) Hypertrophy of Left Ventricle & Mitral insufficiency. }
{ Second (Immediate.) Embolism or Heartclot not clear. }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, April 17th 1877

Undertaker, Charles F. Herold

Place of Business, 161 Hanover St.

Address, 53 N. Green St.

W. F. A. Kemp M.D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16964*

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 15th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John W. Taylor Hunter Taylor

Sex, Male or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

10.

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Virginia

Duration of Residence in the City of Baltimore,

6 years

Place of Death, { Give street and number. }

720. Hanover St

Cause of Death,

{ First (Primary,) }

Phtthisis

{ Second (Immediate,) }

Pertussis

Duration of Last Sickness,

5 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

April 16 1877

M. D.

{ Undertaker,

A. F. Krack

{ Place of Business,

Hanover St

Address

146 Hanover St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 16965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th April 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Philip Thomas Jefferson
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 4 Years, 10 Months, 9 Days.
Color, Red

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 4 yrs. 10 months, 4 days

Place of Death, { Give street and number. } No. 23 W. Dallas st.

Cause of Death, { First (Primary.) } Death
{ Second (Immediate.) } Pneumonia & Dropsy
Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, Apr 16 1877

{ Undertaker, William Adorge

{ Place of Business, No 62 East 3rd

M. D. M. D.
Medical Attendant.

Address Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16966

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th April 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Mary Williamina Freund.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Sixty Six, Years, Months, Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Boarding -

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany -

Duration of Residence in the City of Baltimore, About Twenty five years -

Place of Death, { Give street and number. } No 100 S. Wolfe St.

Cause of Death, { First (Primary,) Senile Bronchitis & Dyspepsia. Second (Immediate,) Debility -

Duration of Last Sickness, About Two years -

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus.

Date of Burial, April 17th

{ Undertaker, W. Dippel

{ Place of Business, No 157 S. Bond St.

Address 417 Franklin St.

W. C. Van Bibber M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS



Permit No. 16967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Thirty five* Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. *16918*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 14th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Clement Crane*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *2* Years, *6* Months, Days.

Color, *white*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *all of her life*

Place of Death, { Give street and number. } *Ball's, Druid Hill Ave*

Cause of Death, { First (Primary), Second (Immediate), } *Scarletina*

Duration of Last Sickness, *8 days*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, *April 16th 1877*

Flourish M. D.

Medical Attendant.

{ Undertaker, *Jacob Weaver*

{ Place of Business, *nos 4 & 6 Druid Hill Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th April

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rose Walcott

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, // Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Spring life

Place of Death, { Give street and number. } 435 Gay St

Cause of Death, { First (Primary,) Pregnancy with
Second (Immediate,) Exhaustion

Duration of Last Sickness, About twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 16th

{ Undertaker, Adam Funk

{ Place of Business, 461 P. Gay St

Milton A. Taylor M. D.
Medical Attendant.

Address 122 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 16970

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Augusta Weber.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female.

Age, 48 Years, Months, Days.

Color, White Sex, Female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married.

Occupation, Wife of a large grocery and meat man.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Saxony, Altenburger, (23rd June 1828)

Duration of Residence in the City of Baltimore, Many years.

Place of Death, { Give street and number. } 2314 East Lombard Street.

Cause of Death, { First (Primary,) Chronic Pneumonia & Valvular Disease. }
{ Second (Immediate,) Apoplexy. }

Duration of Last Sickness, Two hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Genl.

Date of Burial, April 17th 1877.

{ Undertaker, A. Bohlen } Address 13 South Broadway.

{ Place of Business, 244 E. Lombard St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th April 1897

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Angella Maud Warner

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 3 Years, 3 Months, 5 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, B. C.

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, life

Place of Death, Give street and number. 473 N. Mulberry St.

Cause of Death, First (Primary), Second (Immediate), Croup

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, 1220 Cemetery

Date of Burial, Apr 16/97

Undertaker, Hughes & Co

Place of Business, 550 W Fayette St

Address, 466 W Fayette St.

H. W. Dring M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edwin Bernard Edmonston

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 11 Months, 23 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } # 220 E. Madison St

Cause of Death, { First (Primary,) } Scarlatina Maligna
{ Second (Immediate,) } Eclampsia

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician

Place of Burial, Balto Cent

Date of Burial, Apr 16 - 77

Undertaker, John J Rodenwayer

Place of Business, Cor Drummond Ave & Monument St

Geo. A. Hartman M. D.
Medical Attendant.

Address # 305 A. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. *16973*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 14, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lottie Bell

~~Sex, Male or Female,~~ { Cross out the word not required in this line. }

Age,

White

Years,

4

Months,

Days.

Color,

Sex,

Female

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. Md.

Duration of Residence in the City of Baltimore,

four months

Place of Death, { Give street and number. }

No. 17 Barnes St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Peritussis

convulsions

Duration of Last Sickness,

four or five weeks

All the above information should be furnished by the Physician.

Place of Burial, *C. P. Cemetery*

Date of Burial, *April 14*

Alexander Hill M. D.
Medical Attendant.

{ Undertaker, *Charles Steyer*

{ Place of Business, *Pratt & Chester St*

Address *No. 134 N. Exeter St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Quinn
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 5 Years, Months, Days.
Color, White, Sex, Male.
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, Life time
Place of Death, { Give street and number. } 600 Madison St.
Cause of Death, { First (Primary,) Killed by a horse
Second (Immediate,) Fracture of the Frontal Bone.
Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Texas Balt County
Date of Burial, April 16 1877
Undertaker, James P. Byrne
Place of Business, 4063 N Street St Address 137 N Egle St
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 7448

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Apr 15*
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Ann Quinn*
Sex, ~~Male~~ or Female, Cross out the word not required in this line.
Age, *33* Years, *2* Months, *1* Days.
Color, *White*
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.
Occupation,
Birthplace, State or country (and how long in the United States, if of foreign birth.) *Ireland*
Duration of Residence in the City of Baltimore, *27 years*
Place of Death, Give street and number. *Address St*
Cause of Death, First (Primary),
Second (Immediate), *Pulmonary Consumption*
Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician

Place of Burial, *Texas Ball County*
Date of Burial, *April 16 1877*
Undertaker, *James P. Byrne*
Place of Business, *No 63 N Front St*
Address, *Chas O'Donnell M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 7449

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 747

[OVER.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *11978*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John R. Ford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *8* Years, *1* Months, *6* Days.

Color, *White* Sex, *Male*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Child

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto Md

Duration of Residence in the City of Baltimore,

8 y. 1 mo 13 days

Place of Death, { Give street and number. }

Asquith St near Point-Lane

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheritis

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *April 16th 1877*

Wm. H. Garrison M. D.
Medical Attendant.

{ Undertaker, *Wm. Hickman*

{ Place of Business, *232 1/2 Gay St.*

Address *No 308 N. Eden St
Balto.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on last of this year.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16979*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Katie Dugan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

4

Years,

Months,

Days.

Color,

White

Sex,

Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Kunichsles. Ind.

Duration of Residence in the City of Baltimore,

About 2 yrs

Place of Death, { Give street and number. }

#2 Parkin St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Measles

Croupous Diphtheria

Duration of Last Sickness,

About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

April 16

Date of Burial,

St Peter's Cemetery

{ Undertaker,

J.B. Cook

{ Place of Business,

704 West Patterson St

Benjamin Whittier M. D.
Medical Attendant.

"Balto. Genl. Disinf."

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 16, 1899*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Samuel Fowler Perkins*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *5* Years, *5* Months, *15* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *# 213 E. Madison St.*

Cause of Death, { First (Primary, Second (Immediate. } *Tubercular Meningitis*
Eclampsia

Duration of Last Sickness, *3 1/2 days*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 17, 1899*

{ Undertaker, *Geo Schilling* Address *# 305 A. Caroline*

{ Place of Business, *Asquith Monument*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16981*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 15th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lulu Hilback

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

Months,

17

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

294 Central Ave

Cause of Death, { First (Primary,) Second (Immediate.) }

Tubercular Meningitis

Duration of Last Sickness,

Twelve days

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

April 16th 1897

Wm Whitridge

M. D.

Medical Attendant.

{ Undertaker,

Geo Schutt

{ Place of Business,

Ansquett St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1877

Name of Deceased, Wm Andrew Davis { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 5 Years, 13 Months, 13 Days.

Color, Colored

Married, Single, Widow or Widower, Single { Cross out the word not required in this line. }

Occupation, _____

Birthplace, Balt City { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, No 56 Lill St { Give street and number. }

Cause of Death, Scrophula. { First (Primary) _____
Second (Immediate) _____ }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician

Place of Burial, Green Cemetery

Date of Burial, April 17.

Undertaker, William J. Dingman

Place of Business, 62 East St

Medical Attendant, Dr. J. H. Davis

Address 133 N. York St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. 16983

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1899

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Buchanan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 Years, Months, Days.

Color, Colored Sex, Male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, Drayman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Carroll Co., Md.

Duration of Residence in the City of Baltimore, About 20 yrs.

Place of Death, { Give street and number. } #15 Whetcoat St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Pulmonary Hemorrhage

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Guilford Cemetery

Date of Burial, April 16

Undertaker, J. H. Whelan

Place of Business, 198 South Howard St.

Address, "Back to Guil. Vicinity"

Benjamin Whitley M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. *16984*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 15th*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George Caubert*
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, *—* Years, *14* Months, *—* Days.
Color, *—* Sex, *male*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, *—*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*
Duration of Residence in the City of Baltimore, *—*
Place of Death, { Give street and number. } *213 Lexington St*
Cause of Death, { First (Primary,) Second (Immediate,) } *Gastro Enteritis, Convulsion*
Duration of Last Sickness, *2 days*
All the above information should be furnished by the Physician.
Place of Burial, *Balto Cemetery*
Date of Burial, *April 16th 1877*
W. H. H. M. D.
Medical Attendant.
{ Undertaker, *Ph. J. Hill* Address *17 W. Fayette*
{ Place of Business, *183 Coluumbia St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *16985*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 15th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Annice Bell Abbott*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *18* Years, *—* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. City*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *180 Lee St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Spinal disease*
Abscess near the spine & hip

Duration of Last Sickness, *—*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cem*

Date of Burial, *April 17th*

{ Undertaker, *Wm J. Tucker* } *H. W. Co*

{ Place of Business, *65 S. Eutan* } *Address Hanover & Barr Sts.*

R. C. Lee M. D.
Baron S. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 15th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Melina A. Abbott*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *38* Years, *—* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *House Keeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Kent Co Md*

Duration of Residence in the City of Baltimore, *28* years

Place of Death, { Give street and number. } *180 Lee St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Sudden Nervous Shock probably, rupture of the Heart Sudden*

Duration of Last Sickness, *Sudden*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cem*

Date of Burial, *April 17th*

{ Undertaker, *Wm J. Tiekner* } *N. W. Co.* *P. C. Lee M. D.*

{ Place of Business, *65 S. Calver* } Address *Harvard Barr Sts* *Carson S. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *16987*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 17th 1877*

Full Name of Deceased, *Elizabeth A. Smith* { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, *Female*, { Cross out the word not required in this line. }

Age, *2* Years, *6* Months, *1* Days.

Color, *White*

Married, *Single*, { Cross out the words not required in this line. }

Occupation, *Housewife*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *2 years*

Place of Death, { Give street and number. } *240 Rolling St.*

Cause of Death, { First (Primary,) *Pneumonia*
Second (Immediate,) *4 days* }

Duration of Last Sickness, *4 days*

All the above information should be furnished by the Physician.

Place of Burial, *Land Cemetery*

Date of Burial, *April 17th 1877*

{ Undertaker, *William D. Brown*

{ Place of Business, *No 128 North Ave.*

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 16988

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 16th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Harvey Henson

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

7

Months,

Days.

Color,

Black.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

170 German st

Cause of Death,

First (Primary.)

Second (Immediate.)

Eczema

Convulsions

Duration of Last Sickness,

About 3 months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

April 17th 1877

Undertaker,

William A. Dunge

Place of Business,

No 108. Stockton ally.

Address

143 Mulberry street

A. Darling

M. D.

Medical Attendant.

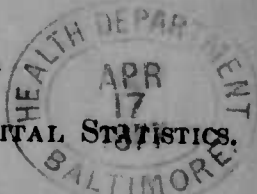
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,



Permit No. 16989

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 16th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Loretta O'Longhin

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

One

Years,

One

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widowed or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore

Place of Death, { Give street and number. }

Cor Fremont & Bane Sts

Cause of Death, { First (Primary,)

Second (Immediate,)

Catauk with Whooping Cough

Cerebral Effusion

Duration of Last Sickness,

Eight days

All the above information should be furnished by the Physician.

Place of Burial,

St Peters

Date of Burial,

April 17th

J. C. Burch

M. D.

Medical Attendant.

{ Undertaker,

Wm. W. Leonard & son

Address

141 Hanover St

{ Place of Business,

782 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16998*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 16th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Weber*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *24* Years, *2* Months, *—* Days.
Color, *White* Sex, *Male*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*
Occupation, *—*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*
Duration of Residence in the City of Baltimore, *—*
Place of Death, { Give street and number. } *71 N. Leigh St.*
Cause of Death, { First (Primary,) *Tubercular Meningitis*
Second (Immediate,) *Marasmus.*
Duration of Last Sickness, *Three weeks*
All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*
Date of Burial, *Apr. 17. 1877*
Undertaker, *Wm. H. H. H.*
Place of Business, *126 E. Bay St.*
Address, *29 S. Mayor St.*
M. D. *Wm. H. H. H.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ASSOCIATION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence M. Cardice

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 175 Ocean

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } No 45 S Bond

Cause of Death, { First (Primary,) Second (Immediate,) } Scarlatina Anginosa
& Diphtheria

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, April 17th 1877

{ Undertaker, Henry W. Weard

{ Place of Business, 216 N Gay St Address 121 S Bond

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS



Permit No. *16992*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

16th Apr 1877

Full Name of Deceased,

Helen Brown

Sex, ~~Male~~ or Female,

Female

Age,

Years,

6

Months,

Days.

Color,

White

Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Occupation,

Birthplace,

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

173 E Bath St.

Cause of Death,

First (Primary),

Second (Immediate),

Pneumonia

Duration of Last Sickness,

12 days

All the above information should be furnished by the Physician.

Place of Burial,

Balt Cem

Date of Burial,

Apr 17 3 P.M.

Undertaker,

Richard D. Hall

Place of Business,

233 E. Bath St.

Address

166 W. Fayette St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 16, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sarah Frances Kemp

Sex,

~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

Years,

4

Months,

Days.

Color,

Blk

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

6 ~~Campbell~~ alley Camel
Scrofula

Cause of Death,

{ First (Primary),
Second (Immediate). }

Duration of Last Sickness,

all her life

All the above information should be furnished by the Physician.

Place of Burial,

Shays St Cemetery

Date of Burial,

April 17, 1877

M. D.

Undertaker,

W. Jas Gray

Address

Commissioners of Health
& Registrar

Place of Business,

Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Ellen H Kemp Mother

of PL

Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16, 1917

Full Name of Deceased, Mary Foley

Sex, Male or Female, Female

Age, 1 Years, 4 Months, Days.

Color, Colored

Married, Single, Widow or Widower, Single

Occupation,

Birthplace, Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, 57 Calver Street

Cause of Death, Phthisis

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, April 17

Undertaker, W. J. McKee

Place of Business, 65 S. Eutan

J. S. Buddenbom M. D. Medical Attendant.

Address 116 Columbia St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

of PE, is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martin Deesel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 17 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Barber

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto. City

Duration of Residence in the City of Baltimore, nearly all his life

Place of Death, { Give street and number. } 325 Easton ave

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption
do of lungs

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 18th 1877

{ Undertaker, L. Beyer Place of Business, 787 Broadway }

Address St. E. Beyer

Wm. D. [Signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Magdalena Hutteroth
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 38 Years, _____ Months, _____ Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. } married
Occupation, Wife
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Prussia Germany
Duration of Residence in the City of Baltimore, 25 years
Place of Death, { Give street and number. } Lombard St near Caroline
Cause of Death, { First (Primary,) Pericarditis
Second (Immediate,) do + Dropsy }
Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery
Date of Burial, April 17, 1877
{ Undertaker, Chas. Rosenberg
Place of Business, 136 E. Fayette } Address 86 E. Fayette
Medical Attendant, L. D. Johnson M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16997*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 15th '77*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Chas Hill*
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, _____ Years, *3 mos* Months, _____ Days.
Color, *white*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, *none*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Bayview Arghu*
Duration of Residence in the City of Baltimore, *3 weeks*
Place of Death, { Give street and number. } *27 Chestnut St*
Cause of Death, { First (Primary.) Second (Immediate.) } *Fallings from birth*
Unknown natural discharge from ear 2 days before death
Duration of Last Sickness, *From birth*

All the above information should be furnished by the Physician.

Place of Burial, *C P Cemetery*
Date of Burial, *April 16th*
{ Undertaker, *Charles Steyer* Place of Business, *East Chester St* }
Address *Coroner M. D.*
Edmund H. Walker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday night 10 o'clock PM April 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Holland

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, - Years, - Months, 8 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, -

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 48 Ross St

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 48 Ross St

Cause of Death, { First (Primary,) Anemia Convulsions
Second (Immediate,) Terrible Spasms

Duration of Last Sickness, 72 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cmtg E. Richard M. D.

Date of Burial, April 17th 1877 Medical Attendant.

{ Undertaker, H. Froehlich Address 28 D'Donnell St
{ Place of Business, 246 Eastern Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of *Physician* invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. *16999*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Apr - 15th 1877*

Full Name of Deceased, *Arthur Albert King*
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, *Male*
Cross out the word not required in this line.

Age, *14* Years, *1* Months, *1* Days.

Color, *White*

~~Married~~ Single, ~~Widow~~ ~~Widower~~, *Single*
Cross out the words not required in this line.

Occupation, *School*

Birthplace, *Baltimore City*
State or country (and how long in the United States, if of foreign birth).

Duration of Residence in the City of Baltimore, *2 months*

Place of Death, *322 Liberty St*
Give street and number.

Cause of Death, *Scarlet fever*
First (Primary), Second (Immediate).

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Apr. 17, 1877*

Under signer, *Dr. Kingman* M. D.
Medical Attendant.

Place of Business, *322 Liberty St* Address *185 N. Tenth St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17000

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *15 April 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Willie*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, Years, *6* Months, *Weeks* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *Home 3 weeks*

Place of Death, { Give street and number. } *St Vincent's infant asylum.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Marasmus Spasm*

Duration of Last Sickness, *when received*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*

Date of Burial, *April 17. 1877*

{ Undertaker, *Sam'l Bowen*

{ Place of Business, *158 Division St.*

Marbury Brewer M. D.
Medical Attendant.

Address *201 W. Biddle St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16 April 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rose

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Formaling

Duration of Residence in the City of Baltimore, House 5 days

Place of Death, { Give street and number. } St. Vincent's Infant Asylum.

Cause of Death, { First (Primary,) Marasmus - child bore appearance of }
 { Second (Immediate,) narcotism when received }
 coma

Duration of Last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 16 April 1877

{ Undertaker, Saml Bower }
 { Place of Business, 150 Division St. }

Marbury Brewer M. D.
 Medical Attendant.
 Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below.

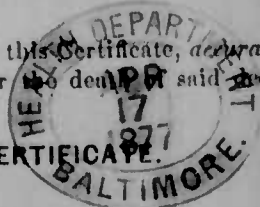
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17002*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after *the death* said *deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *April 16* 18*77*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Alfred Taylor*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, .. *19* .. Years, .. Months, .. Days.
Color, *Cal* Sex, *Male*
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, *Porter*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*
Duration of Residence in the City of Baltimore, *19 years*
Place of Death, { Give street and number. } *10 Sarakann Street*
Cause of Death, { First (Primary,) *Phthisis*
Second (Immediate,) *4 months*
Duration of Last Sickness, *4 months*
All the above information should be furnished by the Physician.
Place of Burial, *Green Cemetery*
Date of Burial, *April 17th 1877*
{ Undertaker, *William C. Sanger* Address *618 W. Baltimore*
Place of Business, *No 100 S. Hollenback*

W. J. McHenry - M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

FOVER

The Special Attention of Physicians is Respectfully Invited to this

Board of Health, City of Baltimore,

Permit No. *17003*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 17*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sarah H. Staylor*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, *10* Years, *18* Months, *18* Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*
Duration of Residence in the City of Baltimore, *Since Birth*
Place of Death, { Give street and number. } *28, Bzrd St*
Cause of Death, { First (Primary.) Second (Immediate.) } *Measles*
Chronic Pneumonia
Duration of Last Sickness, *6 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Cedar Hill*
Date of Burial, *18 April 1877*
{ Undertaker, *Ambridge Denny* Place of Business, *263 Light St* }
Address *146. Hanover*
Thosrd J. Fort M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Notice

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

~~April 14~~ April 15-

Full Name of Deceased,

Write in full and spell correctly. If an infant not named, give names of parents.

Sarah E. Sinal

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

1.

Years,

9.

Months,

13.

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

331

William St.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Scarletina

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial

Baltimore Cemetery

Date of Burial,

April 14 1877

Theodore L. L. M. D.

Medical Attendant.

Undertaker,

C. F. Krause

Place of Business,

269 Hanover St

Address 146. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to take of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17095*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 15th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mrs Caroline Ockrone*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *24* Years, _____ Months, _____ Days.

Color, *White* Sex, _____

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *French Maid*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *France*

Duration of Residence in the City of Baltimore, *Five weeks*

Place of Death, { Give street and number. } *49 Orchard Street*

Cause of Death, { First (Primary,) Second (Immediate.) } *Phthisis*

Duration of Last Sickness, *Seven months*

All the above information should be furnished by the Physician.

Place of Burial, *Sharpst. Cem. : Saul. Johnson* M. D.

Date of Burial, *April 18th -* Medical Attendant.

{ Undertaker, *John Locks* Address - *80 W. Monument St.*
{ Place of Business, *W. 1st St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17006*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 14*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Albert Castor*

Sex, *Male* { Cross out the word not required in this line. }

Age, *Supposed 35* Years, — Months, — Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, *Seaman*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } *Baltimore Infirmary*

Cause of Death, { First (Primary,) Second (Immediate,) } *Ascites*

Duration of Last Sickness, *3 wks*

All the above information should be furnished by the Physician.

Place of Burial, *W. Pub Cemetery*

Date of Burial, *April 17 1877*

{ Undertaker, *M. H. C. Perry*

{ Place of Business, *Pratt St*

J. T. Sledge M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page 2.

Board of Health, City of Baltimore.

Permit No. *17007*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 16th 77.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary L. Carter*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, *8.* Months, *8* Days.

Color, *col.*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *East. City*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *59. Cerch St.*

Cause of Death, { First (Primary.)
Second (Immediate.) } *Nothing
Congestion Brain*

Duration of Last Sickness, *4 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 18th 77*

{ Undertaker, *B. H. Chase*

{ Place of Business, *42 98th Howard St.*

Leis C. Carn

M. D.

Medical Attendant.

Address *226 Mulb. St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. *17008*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 15th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Jones.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *31* Years,

Months,

Days.

Color, *Black.*

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, *Labour.*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Eastern Shore, Va.

Duration of Residence in the City of Baltimore,

About 10 years

Place of Death, { Give street and number. }

65 Elbow Lane.

Cause of Death, { First (Primary),
Second (Immediate), }

Congestive Heart

Duration of Last Sickness,

About one week.

All the above information should be furnished by the Physician.

Place of Burial, *Lafayette Cemetery*

Date of Burial, *April 16th 1877*

Undertaker, *J. H. White*

Place of Business, *198 N. Howard*

Address

J. H. White M. D.
Medical Attendant.
Southern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named give names of parents. } *Wm. P. White, Suppl.*

Sex, Male or Female, { Cross out the word not } Male
required in this line. }

Age, 4 Years, 4 Months, 19 Days

Color, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.) Single

Occupation, _____

Birthplace, { State or country (and how }
 { long in the United States, }
 { if of foreign birth. }

Balls City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and
number. } No 178 E Lombard,

Cause of Death, { First (Primary,) _____
Second (Immediate,) _____ *Myocarditis*

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery* 10. 2.

Date of Burial, April 18th 1877 J. H. Gwynne, M.D.

Undertaker, *W. A. Daigles*

Place of Business, 74 S Broadway Address 121 W 15th St

J. Ridgway, M.D. M. D.
Medical Assistant.
Address 121 E. Baiter St.

Address 121 E. Baker St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{ OVER }

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. *17011*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April, 14th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents }

Martha W. Connelly

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

1

Years,

4

Months,

11

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

S. E. Cor. Eastern Street & Halft.

Cause of Death,

{ First (Primary),
Second (Immediate), }

Pneumonia

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Patrick's Cemetery

Date of Burial,

April 15th 1877

{ Undertaker,

M. A. Haiger

{ Place of Business,

4th S. Broadway

Address

St. S. Broadway

James J. Hane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

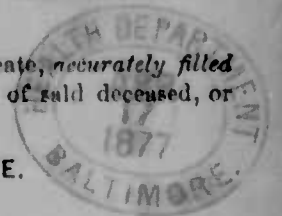
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17012*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *April 16th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joce Maxwell McRae*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, *1* Years, *1* Months, *12* Days.
Color, *White* Sex, *Female*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, *Stricker St. 3rd Ave north of Franklin St.*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*
Duration of Residence in the City of Baltimore, *Lifetime*
Place of Death, { Give street and number. } *Stricker St. 3rd Ave north of Franklin St.*
Cause of Death, { First (Primary,) *Diphtheria*
Second (Immediate,)
Duration of Last Sickness, *Five days -*
All the above information should be furnished by the Physician.
Place of Burial, *Green Mt. Cemetery*
Date of Burial, *April 18 1877*
{ Undertaker, *M. J. Jenkins & Son* Address *119 Edmondson Ave.*
Place of Business, *16 Light St.*

J. Harvey Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17013

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th Apr 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } R. J. F. Adams

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 74 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Preacher

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Berlin

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 30 Clark St.

Cause of Death, { First (Primary,) Second (Immediate,) } Large malignant tumor

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Apr 18th 1877

{ Undertaker, Hughes & Co

{ Place of Business, 680 Fayette St.

Address, 108 Paulkley

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. *17014*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 16th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Frances Ann Kerrier*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *74* Years, Months, Days.

Color, *White*

~~Married, Single~~ Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Laurel Co: Penna.*

Duration of Residence in the City of Baltimore, *58 years*

Place of Death, { Give street and number. } *638 W. Fayette St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Emotion*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Ctg*

Date of Burial, *April 18th 1877*

Undertaker, *Thos. E. Egan* Address *121 N. Newmarket St*

Place of Business, *550 Fayette St*

J. W. M. Mott M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17018*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr 15. 77

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Schuyler

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

3 Years,

7 Months,

Days.

Color,

W.

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

162 Leadmill

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Intestines

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

April 17, 1877

John New M. D.
Medical Attendant.

{ Undertaker,

C. P. Krane

{ Place of Business,

207 Hammer st

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17016

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr. 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lenzie Jackson Wright

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

6

Years,

Months,

20

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Infant

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore,

All life

Place of Death, { Give street and number. }

14 Woodward St

Cause of Death, {

First (Primary,)

Intermittent fever

Second (Immediate,)

Convulsions; Result of Congenital base of the Brain

Duration of Last Sickness,

2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

April 18

{ Undertaker,

W. H. Blizard

{ Place of Business,

204 Penn av

Address

431 Lenzie Avenue

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Martha Ann Taylor

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 58 Years, 10 Months, 12 Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Seamstress
Balto. Co.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

About 33 years

Place of Death, { Give street and number. }

47 Etting St

Cause of Death, { First (Primary),
Second (Immediate), }

Scrophulosis
Phthisis Pulmonalis

Duration of Last Sickness,

1 yr. 11 mo.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 18

Elias C. Rice & Son M. D.
Medical Attendant.

{ Undertaker, E. H. Bluff

{ Place of Business, 201 Pen St

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17018*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 15th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Fredget Taylor

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Fifty

Years,

Months,

Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation, *None*

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

Thirty years

Place of Death,

{ Give street and number. }

cto 46 East Fayette St

Cause of Death,

{ First (Primary), }

Hereditary

{ Second (Immediate), }

Consumption

Duration of Last Sickness,

About seven months

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral Cemetery

Date of Burial,

April 18 1877

Wilton A. Taylor

M. D.

Medical Attendant.

{ Undertaker, *James P. Byrne*

{ Place of Business, *No 63 N Street St*

Address

Broadway & McClellan St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17019*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 13th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Henry Durpin

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

Months,

3 weeks.

Days.

Color,

colored.

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt city

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 2. Phippenhit alley

Cause of Death,

First (Primary,)

Second (Immediate,)

Salmonella

Duration of Last Sickness,

2 days.

All the above information should be furnished by the Physician.

Place of Burial,

Dallas st bern

Date of Burial,

17 of april 1894

John A Conner

M. D.

Medical Attendant.

Undertaker,

John W Lock

Place of Business,

59 Wolf st

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to the back of this Certificate.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 17, 1877

Full Name of Deceased,

Write legibly, and spell correctly. If an infant not named, give names of parents.

Eliza A. Baker

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

82

Years,

Months,

11

Days.

Color,

White

Sex,

Married, ~~Single~~, Widow or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Housekeeper

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Bull Co.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

105 S. Gilmer St.

Cause of Death,

First (Primary),

Second (Immediate),

Softening of Brain

Duration of Last Sickness,

About one year

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

April 18, 1877

M. D.

Medical Attendant.

Undertaker,

Blackiston & Son

Place of Business,

606 W. Balto. St.

Address

257 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1702/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Reilly

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 40 Years, Months, Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, nine weeks

Place of Death, { Give street and number. } Bulb. Infirmary

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,) Asthenia

Duration of Last Sickness, nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, April 18th 1877

{ Undertaker, H. N. Mears
Place of Business, }

T. A. Ashby M. D.
Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, or as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Permit No 751

[OVER.]

No. 17022
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17022



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 77
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie M. Bull
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, Years, 4 Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore, life
Place of Death, { Give street and number. } 11 China St
Cause of Death, { First (Primary,) Indigestion
Second (Immediate,) Convulsions
Duration of Last Sickness, 4 hours
All the above information should be furnished by the Physician.
Place of Burial, St. Alphonsus church
Date of Burial, April 19th 1877
{ Undertaker, Charles R. Herold's } M. D. Medical Attendant.
{ Place of Business, 161 Hammond } Address 76 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 17023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Malindy Dankhardt
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 2 Years, 9 Months, 26 Days.
Color, White Sex, Female
Married, Single, Widower or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } 44 S. Charles St.
Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) Collapse
Duration of Last Sickness, 5 weeks
All the above information should be furnished by the Physician.
Place of Burial, Ball Cemetery
Date of Burial, Apr 19 1877
Undertaker, Charles F. Herold
Place of Business, 161 Hanover Street
Address 165 W. Lombard St.
J. H. Salzer per G. M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Louisa Lawrence*

Sex, Male or Female, {Cross out the word not
required in this line.} Female

Age, 100. 2 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not
required in this line.

Occupation,

Birthplace, { State or country (and how
long in the United States,
if of foreign birth.) }

Duration of Residence in the City of Baltimore, *Life* *time*

Place of Death, { Give street and
number. } 57 Cambridge St / 13 alt

Cause of Death, { First (Primary,) ... *Measles*
Second (Immediate,) *Infection*

Duration of Last Sickness, Four (4) days.

All the above information should be furnished by the Physician

Place of Burial, *St Matthews Church*

Date of Burial, *Apr 1888*

James C. Truville M. D.
Medical Attendant.

(Undertaker, *Wendell T. Cook*

Place of Business, *111 S. 2nd St. New Orleans*

Address *2776. Chalmers St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

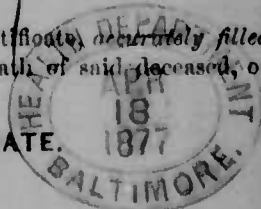
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 16th April 1877 10.45 o'clock P.M.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Isabel Cusby
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
Age, 22 Years, 11 Months, 10 Days.
Color, white Sex, Female
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single
Occupation, none
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, all life
Place of Death, { Give street and number. } 196 Division St. Baltimore
Cause of Death, { First (Primary,) } Consumption
{ Second (Immediate,) } hemorrhage
Duration of Last Sickness, 3 days
All the above information should be furnished by the Physician
Place of Burial, Green Mount Cemetery
Date of Burial, April 18th 1877 J. S. Richardson M. D.
Medical Attendant.
{ Undertaker, Jacob Weaver } Address 302 W. Lombard Street
{ Place of Business, 405 1/2 N. Howard Hill }
street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17026

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 18th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Blara Smith*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *37* Years, Months, Days.

Color, *White* Sex,

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Domestic*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *Union Protestant Infirmary*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cancer of Breast*
Dropsy

Duration of Last Sickness, *Six months*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, *April 17th 1877* M. D.

(Undertaker, *Andrew Leitch* Address *92 Mosher St*

(Place of Business, *118 Druid Hill Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17027*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Martin Dugan

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

5 Years,

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Boone Co. Ind.

Duration of Residence in the City of Baltimore,

About 2 yrs.

Place of Death, { Give street and number. }

82 Parker St.

Cause of Death, { First (Primary),
Second (Immediate), }

*Malaria
Pneumonia & Croup & Diphtheria*

Duration of Last Sickness,

About 2 1/2 weeks

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's cemetery*

Date of Burial, *April 18th 1877*

Benjamin Whitley M. D.
Medical Attendant

{ Undertaker, *J. B. Clark*

{ Place of Business, *10707 N. Baltimore*

Address

"Balt. Gen. Hosp."

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 170 28

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Gittler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, Seamstress

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, { Give street and number. } No 21 Green St

Cause of Death, { First (Primary,) Intemperance
Second (Immediate,) Apoplexy.

Duration of Last Sickness, Died a few hours

All the above information should be furnished by the Physician.

Place of Burial, ~~Western~~ Cemetery

Date of Burial, April 18

Undertaker, J B Cook

Place of Business, 707 N 2nd St Baltimore

Medical Attendant, Geo C Gie Coroner M. D.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

4th mo 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Louisa Virginia Yates

Sex, Male or Female, { Cross out the word not required in this line. }

female.

Age, 2 Years,

6 Months,

17 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Georgetown D. C.

Duration of Residence in the City of Baltimore,

1 year.

Place of Death, { Give street and number. }

58 Chew St.

Cause of Death, { First (Primary), Second (Immediate), }

Whooping Cough.

Convulsions

Duration of Last Sickness,

5 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

April 19th 1877

W. Riley

M. D.

Medical Attendant.

Undertaker,

Wm. B. Hickman

Address

47 Lexington St.

Place of Business,

2340 Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17030

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 18th 1877.*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *John Alexander Muesman*

Sex, Male or Female, Cross out the word not required in this line. *Male*

Age, _____ Years, _____ Months, _____ Days.

Color, *white*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore, Md.

Duration of Residence in the City of Baltimore, _____

Place of Death, Give street and number.

863 Light-st.

Cause of Death, First (Primary.) Second (Immediate.) *Gyanosis*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 19 1877*

Undertaker, *Charles B. Herold*

Place of Business, *161 Hanover St*

Address *321 Light-st.*

J. E. Harrington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,



Permit No. *17031*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 18 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Anna Smith*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *41* Years, *5* Months, *10* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Sail Maker*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Mobile Alabama*

Duration of Residence in the City of Baltimore, *40 years*

Place of Death, { Give street and number. } *No 291 Lexington W Hoffman St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phtisis*

Duration of Last Sickness, *3 years*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Cemetery*

Date of Burial, *April 20th 1877*

Under-taker, *John V. Weaver*

Place of Business, *#22 N. Fayette St* Address *2 High St*

M. D. *W. H. Hoffenduffen*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17032*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 17th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary C. Davis*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *21* Years, *6* Months, *—* Days.

Color, *Black* Sex, *—*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Waitress*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Rabary St. near Schroeder Bldg.*

Duration of Residence in the City of Baltimore, *21 Years.*

Place of Death, { Give street and number. } *No. 140 Sarah Ann St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Labor - Puerperal fever*

Duration of Last Sickness, *Eight days.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *April 19th 1877* *J. B. Gardner* M. D.
Medical Attendant.

{ Undertaker, *P. T. Mummet* Address *120 N. Greene St.*

{ Place of Business, *317 Mulberry St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **17033**,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 16th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henry Tucker*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } *Male*

Age, *42* Years, Months, Days.

Color, *Light Brown*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Married*

Occupation, *Wagoner*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore County*

Duration of Residence in the City of Baltimore, *20 years*

Place of Death, { Give street and number. } *34 Josephine st*

Cause of Death, { First (Primary), Second (Immediate), } *Cold*
Phthisis Pulmonalis

Duration of Last Sickness, *Two months*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 17 1877*

{ Undertaker, *W. W. Chase*

{ Place of Business, *17th Howard st*

B. F. Bohrer M. D.
Medical Attendant.

Address *Cor Dolphin & Robt st*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. *17034*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 17th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If on infant not named, give names of parents. } *James Harria*
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, *Nine* Years, _____ Months, _____ Days.
Color, *Black* Sex, _____
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *No. 87 Orchard St.*
Duration of Residence in the City of Baltimore, *9* Years
Place of Death, { Give street and number. } *No. 87 Orchard St.*
Cause of Death, { First (Primary),
Second (Immediate), } *Scarlet fever
Dropsy*
Duration of Last Sickness, *Four weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp Cemetery* *F. B. Gardner* M. D.
Date of Burial, *April 18 1877* Medical Attendant.
{ Undertaker, *W. H. Chase*
Place of Business, *No. 178 Howard* Address *120 N. Greene St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 171135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 18th 1877,*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary V. Loudenlager,*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *7* Years, *7* Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore Md.,*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *239 Lee St.,*

Cause of Death, { First (Primary,) Second (Immediate,) } *Scarlatina, Uraemia*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mt Olivet. Cem.*

Date of Burial, *April 20th*

R. J. H. Tall M. D. Medical Attendant.

{ Undertaker, *Wm. J. Tickner* Address *158 S. Sharp St.*

{ Place of Business, *65 S. Eutan St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17036*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 18th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

John Ed. Brians.

Sex, Male or Female?

{ Cross out the word not required in this line. }

Age,

Years,

7 Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

225 Conway St.

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Pneumonia

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician

Place of Burial,

Mt. Olivet

Date of Burial,

April 20th

R. J. H. Tall

M. D.

Medical Attendant.

{ Undertaker,

Wm. J. Tickner

Address

158 S. Sharp St.

{ Place of Business,

W. S. Entwistle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 17th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

George M. Hooper

Sex, Male or Female,

(Cross out the word not required in this line.)

Age,

15

Years,

Months,

Days,

Color,

Colored

Married, Single, Widow or Widower,

(Cross out the words not required in this line.)

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Horchester Co Md

Duration of Residence in the City of Baltimore,

12

Years

Place of Death,

Give street and number.

12 Beyer Street

Cause of Death,

First (Primary),

Second (Immediate),

Heart disease

Duration of Last Sickness,

5 months

All the above information should be furnished by the Physician.

Place of Burial,

Dallas St. Cemetery

Date of Burial,

April 19th 1877

Undertaker,

John W. Locke

Place of Business,

Wolf St

Address

Commissioner of Health
& Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information George Hooper his father

(OVER.)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17038*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 13th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sarah L. Sparks*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *42* Years, _____ Months, _____ Days.

Color, *White* Sex, _____

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } *Married*

Occupation, *None - Wife of George Sparks*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Alexandria Virginia*

Duration of Residence in the City of Baltimore, *Two months*

Place of Death, { Give street and number. } *266 South Broadway*

Cause of Death, { First (Primary,) *Over stimulation*
Second (Immediate,) *Congestion of Brain - Strang*

Duration of Last Sickness, *4 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Wilmington Del.*

Date of Burial, _____

{ Undertaker, *Henry Spader* Address *235 Broadway*
{ Place of Business, *100 Canton St.*

J. J. Lockwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 752

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to that of Diseases on the

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **17089**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alice Mabel Beimbower.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

1 Year,

2 Months,

13 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

92 Barre St.

Cause of Death, { First (Primary),
Second (Immediate), }

Pertussis.

Broncho Pneumonia.

Duration of Last Sickness,

20 days.

All the above information should be furnished by the Physician.

Place of Burial, *Seamant Cmt*

Date of Burial, *April 20 77*

R. J. N. Tall M. D.
Medical Attendant.

{ Undertaker, *John J. Rodenmayer*

{ Place of Business, *Seamant Cmt*

Address *15 E. L. Sharp St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *any deceased*, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Theresa Pasha

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

8 2

Years,

Months,

Days.

Color,

white

~~Married~~ Single, ~~Widow~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany 12 years

Duration of Residence in the City of Baltimore,

12 years

Place of Death, { Give street and number. }

39 N. E. Biddle St

Cause of Death, { First (Primary,) Second (Immediate,) }

old age
debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

April 20 1877

{ Undertaker,

Adam Fink

{ Place of Business,

461 N. Gay St

Address

Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Adam Fink ^[S.R.] undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 17th 1877,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Nester Jervis

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

34 Years,

Months,

Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Alexandria Va.

Duration of Residence in the City of Baltimore,

18 years

Place of Death, { Give street and number. }

70 Battery Av.

Cause of Death, { First (Primary,) Second (Immediate,) }

Peritonitis. (Abortion)

Duration of Last Sickness,

7 days.

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

April 19 1877

R. J. H. Tall

M. D.

Medical Attendant.

{ Undertaker,

Armstrong & Henry

{ Place of Business,

243 Light St.

Address

158 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April. 19th 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Rodgers
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Forty three Years, 22 Months, 20 Days.
Color, White.
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, Boarding House Keeper
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Bath. Me.
Duration of Residence in the City of Baltimore, unknown.
Place of Death, { Give street and number. } 288 Ave. St.
Cause of Death, { First (Primary.) } Internal hemorrhage.
{ Second (Immediate.) } Right ventricle of heart punctured.
Duration of Last Sickness, none
All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemetery
Date of Burial, 20th Apr 1877
{ Undertaker, John C. Smith }
{ Place of Business, 265 West Ave. }
Address, D. C. Ireland M. D.
Coroner E. D. Ireland Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Miguel G. de Rojas.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 — Years, 2 Months, 4 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } In this City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N. Calhoun 439.

Cause of Death, { First (Primary,) Scarlet fever
Second (Immediate,) Abscesses of the neck. Pyæmia.

Duration of Last Sickness, 17 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's cemetery

Date of Burial, April 20 1877

{ Undertaker, J. B. Cook

{ Place of Business, 16707 4th Baltimore Street

Dr. Joseph Lopy. — M. D.
Medical Attendant.

Address N. Carey St. N. 414.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 170 44

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 77.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John. Carter.
Sex, Male or Female, { Cross out the word not required in this line. } Male.
Age, 1 Years, 8 Months, — Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, —
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, —
Place of Death, { Give street and number. } 50. Parkin St.
Cause of Death, { First (Primary,) I believe to be Malignant
Second (Immediate,) Scarlatina Convulsion
Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery
Date of Burial, April 19
Undertaker, J. B. Cook
Place of Business, 407 West Baltimore
Address, 523 Lexington
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 18th 1877.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Catharine Dein

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

65

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Married

Occupation,

Housewife

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Ireland.

Duration of Residence in the City of Baltimore,

30 years

Place of Death,

{ Give street and number. }

42. Broya. st.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Dyspepsia
Chronic Gastritis

Duration of Last Sickness,

4 months

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter cemetery

Date of Burial,

April 20th 1877

{ Undertaker,

J. B. Cook

{ Place of Business,

10704 1/2 Baltimore street

Address

143 Lexington st.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 18, 1899

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah A. White

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Ave

Date of Burial, April 19th

Undertaker, C. H. Blizzard

Place of Business, 201 Penn Ave

J. H. Whitson

M. D.

Medical Attendant.

Address 257 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18, 1877, 11
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } General Lawrence Christian
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 2 Years, — Months, 16 Days.
Color, White Sex, female
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Infant
Occupation, "
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City.
Duration of Residence in the City of Baltimore, All life
Place of Death, { Give street and number. } 431 Penna. Ave.
Cause of Death, { First (Primary,) Remittent Fever
Second (Immediate.) Congestion of Lungs
Duration of Last Sickness, Twelve days
All the above information should be furnished by the Physician.
Place of Burial, Loudon. Park
Date of Burial, April 19th
{ Undertaker, E. H. Blyard
Place of Business, 201 Penn. ave. Address 431 Penna. Ave.
M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17048*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emera J. Sneed

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, *Three* Years,

Months,

Days.

Color,

Dark brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Three years

Place of Death, { Give street and number. }

No 12 St Parish St

Cause of Death, { First (Primary), Second (Immediate), }

Bronchitis

Consumption

Duration of Last Sickness,

Three Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Funeral cemetery

Date of Burial,

April 19th 76

{ Undertaker,

William J. Dungey

{ Place of Business,

100 N. Holliday St

Address

Cor Dolphin & Rep St

W F Bohrer

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 170149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gertrude Jones

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Years, 5 Months, 5 Days.

Color, ~~Gold~~

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 44 X alley

Cause of Death, { First (Primary,) Whooping Cough.
Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 19th 1877

{ Undertaker, Wm H Bishop Jr
Place of Business, 143 Druid Hill Ave.

Address 141 1st Hanover St

J. C. Burch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 170150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Hooper
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 2 Years, 6 Months, Days.
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 117 Chesnut ally
Cause of Death, { First (Primary,) Burner, second (Immediate,) accidentally
Duration of Last Sickness, 2 1/2 hours
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, April 18th 1877
{ Undertaker, Wm A Bishop Jr.
{ Place of Business, 103 Smith Hill way. }
Medical Attendant, Geo Cyle Corons M. D.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17051*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 17th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Stapleton,

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

18 Years,

Months,

Days.

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

232 S. Paca St.

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Phthisis Pulmonalis

Duration of Last Sickness,

9 months

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

April 19th 1877

{ Undertaker,

James D. Byrne

{ Place of Business,

11, 63 N. Front St.

Address

158, Sharp St.

R. J. N. Tall

M. D.

Medical Assistant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 171152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William G. King

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 56 Years, 11 Months, 23 Days.

Color, White

Married, Single, ~~Widow~~ Widower, { Cross out the word not required in this line. }

Occupation, Printer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 18 Yrs

Place of Death, { Give street and number. } 99 Mullikin St

Cause of Death, { First (Primary.) Second (Immediate.) } Congestion of the Lungs

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 20th 1877

{ Undertaker, Hughes & Co

{ Place of Business, 65 S. Broadway

James S. Reed M. D.
Medical Attendant.

Address 158 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17053

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary. Hager.

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 30 ~ Years, Months, Days.

Color, White Sex, Female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow.

Occupation, Sailoret.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Taylor's Island.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number. } 22 Ramsey st

Cause of Death, { First (Primary,) Hydrops Pericardii
Second (Immediate,) General Anasarca.

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, April 19 1877 John A. Conner, M. D.

Medical Attendant.

{ Undertaker, F. T. Hammett

{ Place of Business, Saratoga St Address

286 E. Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 753

[OVER.]

Board of Health, City of Baltimore,

Permit No. 170 524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 27 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, April 20th 1877

Undertaker, Adam Weidemeyer

Place of Business, 518 1/2 W. Baltimore St

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

April 19, 1894

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sophia Ann Curtis

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

3

Months,

Days.

Color,

Melan

Sex,

Female

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

3 mos.

Place of Death,

{ Give street and number. }

110 Regester St.

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Pneumonia

Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Dallas St Cem

Date of Burial,

April 19 1894

{ Undertaker,

Jahn W. Locks

{ Place of Business,

57 S. Wolf St

Address

308 N. Broadway

M. B. O'Brien

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17056*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 18th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John A. Pinkney*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *40* Years, *---* Months, *---* Days.
Color, *Colored*
Married, ~~Single~~, ~~Widow~~, ~~or~~ ~~if~~ ~~divorced~~, { Cross out the words not required in this line. } *Married*
Occupation, *Laborer*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *No 2 Beals Court*
Cause of Death, { First (Primary,) Second (Immediate,) } *Anæmia*
Dropsy
Duration of Last Sickness, *Four months*

All the above information should be furnished by the Physician

Place of Burial, *Dallas St Cem*
Date of Burial, *19th of April 1877* *Thomas J. Evans* M. D.
Medical Attendant.
Undertaker, *John W. Soaks*
Place of Business, *59 S. Wolfe St* Address *No 18 Jackson Place*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17057

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip E Price

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, 9 Months, 1 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } White

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 16 Lombard St

Cause of Death, { First (Primary,) Second (Immediate,) } Malignant Scarlatina

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 20th Samuel G. Bristow M. D. Medical Attendant.

{ Undertaker, Wm. M. Leonard & Son Address 582 W. Lombard St

{ Place of Business, 782 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lena List

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

9

Years,

3

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

70 Portland St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Acute Rheumatism at 5 years of age.
Valvular disease of the heart

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician

Place of Burial,

Green Cemetery

Date of Burial,

21st of April

{ Undertaker,

Th. Sewall

{ Place of Business,

35 S. Eutaw St.

Louis W. Knight

M. D.

Medical Attendant.

Address

112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 17059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 19*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Cecelia Taylor*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *6* Years, *6* Months, *—* Days.

Color, *Col* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Baltimore*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *6 months*

Place of Death, { Give street and number. } *Parham St. 10.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Convulsions*

Duration of Last Sickness, *4 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Janardel cemetery*

Date of Burial, *April 20 1877*

Undertaker, *William Dugan* Address *612 N Bal St*

Place of Business, *No. 10 S. 10 St*

B. J. H. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17060

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 18, 1877
John Henry

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, Eleven Months, _____ Days,

Color, Color Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

No 13 Booth St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 4 Stockholm St

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia
Six Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lourel cemetery

Date of Burial, April 20 1877

Undertaker, William Lippel

Place of Business, No 10 Stockholm St

Shelly M. D.
Medical Attendant.

Address 260 S. Eut, & T

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

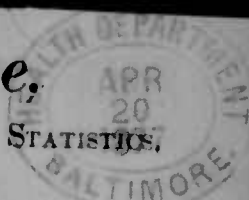
SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17061

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 19 1897*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Julius Schneider*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *31* Years, *4* Months, *21* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Painter*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *12 years*

Place of Death, { Give street and number. } *86 Euseb St*

Cause of Death, { First (Primary), Second (Immediate). } *Ulcerative Meningitis*

Duration of Last Sickness, *5 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *German South St*

Date of Burial, *Matthews cemetery - April 21 1897* *Abraham B. Moore* M. D. Medical Attendant.

{ Undertaker, *Henry Schulthies* Address

{ Place of Business, *#261 E Monument St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17042

OFFICE OF REGISTRAR OF VITAL STATISTICS



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th / 77

Full Name of Deceased, Mary L. Brown
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, one Years, 1 Month, 7 Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the word is not required in this line. }

Occupation, Life time

Birthplace, Baltimore City
{ State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, Lechmere St. Extension
{ Give street and number. }

Cause of Death, Cyanosis
{ First (Primary) Second (Immediate) }

Duration of Last Sickness, Twice birth

All the above information should be furnished by the Physician.

Place of Burial, St. Luke's Church

Date of Burial, April 20

Undertaker, Geo. L. Bowman

Place of Business, 1915 Bond St.

C. Edward Miller M. D.
Medical Attendant

Address 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17063

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 19.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Adam Sykes

Sex, Male or Female,

Cross out the word not required in this line.

Age,

38

Years,

4

Months,

14

Days.

Color,

White

~~Married~~, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Oysterman

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

Randall & Bird St

Cause of Death,

First (Primary).
Second (Immediate).

Falling across window
Pneumonia & Erysipelas

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician

Place of Burial,

Cedar Hill Cemetery

Date of Burial,

April 21, 1877

Undertaker,

Charles F. Howard

Place of Business,

161 Hammond St

Address

146 Hanover St

M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence Wright

Sex, Male or Female, { Cross out the word not required in this line. }

Age, (17) Years, Months, Days.

Color, Colored Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Don't know

Occupation, Convent

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Don't know

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } Maryland Penitentiary

Cause of Death, { First (Primary,) Masturbation, Second (Immediate,) Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial, April 19

John B Boyle

M. D.

Medical Attendant.

Undertaker, Charles Storer

Place of Business, Pratt & Chester St

Address 166 Eager St
for W. B. Person

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th April 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lolo Biggs
 Sex, ~~Male~~ & Female, { Cross out the word not required in this line. }
 Age, 3 Years, 8 Months, 2 Days.
 Color, White Sex, Female
 Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Williamsburg New York
 Duration of Residence in the City of Baltimore, 3 months
 Place of Death, { Give street and number. } 101 Hollins st
 Cause of Death, { First (Primary,) Congestion of the Brain
 { Second (Immediate,) }
 Duration of Last Sickness, 24 Hours
 All the above information should be furnished by the Physician.
 Place of Burial, Williamsburg New York P. J. Benson M. D.
 Date of Burial, April 21st 1877 Medical Attendant.
 { Undertaker, J. B. Cook Address 187 Hollins st
 { Place of Business, 10707 W. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

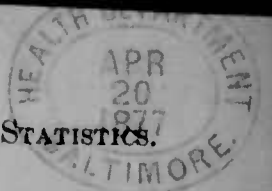
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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17066



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Thomas Sugan

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

8

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

#82 Parkin St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Measles
Erysipelas Septicemia

Duration of Last Sickness,

About 2 1/2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, April 20th 1877

Benjamin Whitley M. D.
Medical Attendant

{ Undertaker, J. B. Cook

{ Place of Business, 10707th Baltimore Street

Address

"Baltimore Genl. Dispensary"

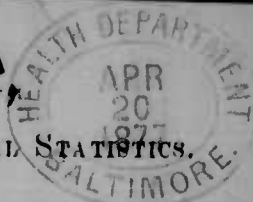
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 17467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura Jane Chatterfield

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Six Months, 13 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) } Balt. City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 13 Bank St.

Cause of Death, { First (Primary,) Meningitis. }
{ Second (Immediate,) }

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, April 20. 77

{ Undertaker, John J. Rodenmayr }
{ Place of Business, Cor. Second and }
{ Monument St } Address 1 S. Broadway

Signature of Medical Attendant: C. Edward Miller, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and mode of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April, 18th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Madonna Connelly

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

3

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

S. E. Cor. Eastern Ave & Wolf St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Measles
Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

11 days

Place of Burial,

St. Patrick's Church

Date of Burial,

April 21st 1877

{ Undertaker,

W. A. Wright

{ Place of Business,

74 B'mg

Address

68 S. Broadway

James C. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 18 months Years, Months, 17 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, April 20 1877

{ Undertaker, James D Byrne

{ Place of Business, No 63 N Front St

Wm Whitridge M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 19th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Michel M. Intyre

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

8

Months,

2

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

130 Harford Ave.

Cause of Death, { First (Primary,) Second (Immediate,) }

Pertussis

Pneumonia Catarrh

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's cemetery

Date of Burial, April 20th 1877

{ Undertaker, James D. Byrne

{ Place of Business, 4063 N. Front St.

Geo. Brooke Boyle M. D.

Medical Attendant.

Address

46 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17071

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 17th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *W. W. Marshall*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Supposed 40* Years, _____ Months, _____ Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Seaman*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } _____

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *Baltimore Infirmary*

Cause of Death, { First (Primary), Second (Immediate), } *Typhoid Fever*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Public Cemetery*

Date of Burial, *April 18th*

{ Undertaker, *M. H. & Perry*

{ Place of Business, *448 W Pratt St*

J. T. Sligo M. D. Medical Attendant.

Address _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17072*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 19th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles E. Winholt*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *3* Years, *29* Months, *1* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Canton St Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *4 Canton St*

Cause of Death, { First (Primary), Second (Immediate), } *Pneumonia*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery* *J. H. Martin* M. D.

Date of Burial, *April 21st 1877*

Medical Attendant.

{ Undertaker, *H. M. Gibmeyer*

{ Place of Business, *341 Canton St.*

Address *Canton*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

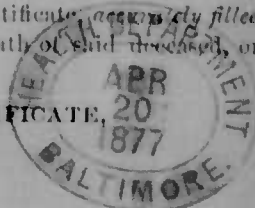
Board of Health, City of Baltimore,

Permit No. 17073

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ^{accurately filled} out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *April 20 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John & Elizabeth Shaw*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *2* Years, *2* Months, *2* hours *2* Days

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *82 Block St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Premature Birth*
Asphyxia
2 hours

Duration of Last Sickness, *2 hours*

All the above information should be furnished by the Physician

Place of Burial, *Trinity St. Cemetery*

Date of Burial, *April 21 1877*

John & Elizabeth Shaw *James A. Stearns* M. D.

Place of Business, *82 Block St* Address *Commiss of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Louisa Smith* *Medwife* / [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henry Heilman

Sex, Male or Female { Cross out the word not required in this line. }

Age, 22 Years,

Months,

Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

22 Anthony St

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthisis

Exhaustion

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial,

W. H. H. Co.

Date of Burial,

April 22, 1877

{ Undertaker,

Henry Hock

{ Place of Business,

307 Central Ave

Address

256 N. E. St

J. H. Warner

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Wallace

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 Years, Months, Days.

Color, White Sex,

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cleveland Ohio

Duration of Residence in the City of Baltimore, 6 yrs -

Place of Death, { Give street and number. } S. D. Hospital

Cause of Death, { First (Primary,) Acute Phthisis
Second (immediate,) Asthuria

Duration of Last Sickness, About 2 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch. Oscar J. C. Dery M. D.

Date of Burial, April 21, 1877 Medical Attendant.

{ Undertaker, Henry H. H. Address 188 N. Calver St.

{ Place of Business, 309 Central St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17076

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } L. B. Becker

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 Years, 1 Months, 2 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Richmond

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, { Give street and number. } 401 N. Calumet

Cause of Death, { First (Primary,) Malignant Scarlet fever
Second (Immediate,) }

Duration of Last Sickness, 2 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 20 1877

Underliaker, Jacob Weaver

Place of Business, Nos 486 Druid Hill Ave

Address, 27 N. ...

M. D. ...
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Sullivan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 53 Years, Months, Days.

Color, White Ser, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Gardener

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and number. } 157 Hoffman St

Cause of Death, { First (Primary,) Rheumatism
Second (Immediate,) Rhthis Pulmonalis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Sacred Aqueduct

Date of Burial, April 21st 1877

{ Undertaker, William H. Gage
Place of Business, 120 N. State St

Address 28 N. Green St

Dr. A. G. Gies M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17078

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 20th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Lizzie Brockton*

Sex, ~~Male~~ *Female*, Cross out the word not required in this line.

Age, *20* Years, *—* Months, *—* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, Cross out the words not required in this line. *Single*

Occupation, *—*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, Give street and number. *116 Chest Ave*

Cause of Death, First (Primary,) Second (Immediate,) *Inflammation of Brain*

Duration of Last Sickness, *five days*

All the above information should be furnished by the Physician.

Place of Burial, *Trinity Cemetery*

Date of Burial, *April 22/77*

Undertaker, *Peter Frey* Address *134 N High St*

Place of Business, *91 E. Broadway*

S. J. Coymen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17079

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said* deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 April 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anne Maria Wretcher

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 74 Years, 4 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Prussia 23 years

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number. } 448 W Lombard Street

Cause of Death, { First (Primary,) Second (Immediate,) } Old age
bronchitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 22 April

Undertaker, F. Beyer

Place of Business, 78 J. Broadway

A. F. Reinhardt M. D.
Medical Attendant.

Address 224 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17080

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr 19 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henry Wagonfeld

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

65 Years,

Months,

Days.

Color,

W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

22 years

Place of Death, { Give street and number. }

138 Barr St

Cause of Death, { First (Primary),
Second (Immediate), }

Malaria (?)

Spinal Hyperemia & Spasm

Duration of Last Sickness,

36 hours

All the above information should be furnished by the Physician.

Place of Burial,

Ball Cemetery

Date of Burial,

Apr 22 1877

{ Undertaker,

Charles F. Harold

{ Place of Business,

161 Banner Street

Address

S. L. H. New

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17081

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 20 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Mrs. Mary E. Rutter*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *52* Years, Months, Days.

Color, *White* Sex, *11*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore, *all her life*

Place of Death, Give street and number. *16 S. Cent. Ave.*

Cause of Death, First (Primary,) Second (Immediate,) *Consumption*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery* *E. Traynor* M. D. Medical Attendant.

Date of Burial, *April 22nd 1877*

{ Undertaker, *John N. Weaver* Address *67 E. Balt. St.*

{ Place of Business, *#22 W. Fayette St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr 21 87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm. W. W. W.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

72

Years,

Months,

Days.

Color,

White

Married, Single, Widowed or Widower,

{ Cross out the words not required in this line. }

Occupation,

Laborer

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

40 years

Place of Death,

{ Give street and number. }

West 10th

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Heart disease

dropy

Duration of Last Sickness,

one year

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral

Date of Burial,

April 22 1877

{ Undertaker,

Jas P. Boyne

{ Place of Business,

Front St

Address

Chas. O. W. W. W. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17083

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19. April 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Xavier Shaw

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, 89 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } St. Vincent's Infant Asylum

Cause of Death, { First (Primary.) Second (Immediate,) } Marasmus
St. onchocephaloid

Duration of Last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, 21 April

{ Undertaker, John Brown
Place of Business, 77 S. Wolf St }

Address 201 W. Biddle Street

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 20 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John & Sarah Brown

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

{ Parents }

Age,

Years,

Months,

2

Days.

Color,

Blk

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

25 Jenkins Alley

Cause of Death,

{ First (Primary.) }

Malnutrition

{ Second (Immediate.) }

Ingratation

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial,

Second Avenue James H. Stewart

M. D.

Date of Burial,

April 22 1877

{ Undertaker,

John C. Jordan

Address

Commissioner of Health

{ Place of Business,

Park Ave

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Anna Brown [OVER.]
Wedgewick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 21 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Samuel Ed Carr*
 Sex, Male ~~Female~~, { Cross out the word not required in this line. }
 Age, *1* Years, *3* Months, *—* Days.
 Color, *Blk*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, ~~except in~~ cases of births and deaths of illegitimate children.

Information by *Joshua Carr* Father of *Samuel Ed Carr* [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Leha A. L. Brown

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 25 Years, 10 Months, 22 Days.

Color, _____ Sex, _____

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, Printer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } # 1 West Baltimore St

Cause of Death, { First (Primary,) Typhoid Pneumonia
Second (Immediate,) }

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Apr 22/77

{ Undertaker, Hughes & Co
Place of Business, 65 S Broadway

Address 179 E Balto St

J. E. Hook M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17487*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 20th, 1874*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Rosa Alba Leole*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *Twenty Six* Years, Months, Days.

Color, *White*

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } *Single*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *No. 17 North Bond St.*

Cause of Death, { First (Primary), Second (Immediate), } *Consumption*

Duration of Last Sickness, *Three weeks*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 22nd 1874*

Under signer, *Hughes & Co*

Place of Business, *65 S Broadway*

Address *No. 139 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Annie E. Lambert

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 3 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, Give street and number. 47 S. Castle

Cause of Death, First (Primary.) Diphtheria
Second (Immediate.) Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 22 1877

Undertaker, L. Eckhardt

Place of Business, 91 S. Canton St.

L. G. Rusk

M. D.

Medical Attendant.

Address Balt. Chas. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 20th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Hannah J. Monk*

Sex, *Male* of Female, { Cross out the word not required in this line. }

Age, *17* Years, *2* Months, Days.

Color, Sex, *female*

Married, Single, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *No 69 S. Pratt St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis Pulmonalis*

Duration of Last Sickness, *Unknown*

All the above information should be furnished by the Physician.

Place of Burial, *Balt Cemetery*

Date of Burial, *April 22 1877*

Undertaker, *Wm. H. White* *M. D.*

Place of Business, *34 N. Broadway* Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christine Gorman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 58 Years, 7 Months, 28 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Overland Archhamb Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, { Give street and number. } 108 Carlton St

Cause of Death, { First (Primary,) Rheumatism
Second (Immediate,) }

Duration of Last Sickness, 12 Years

All the above information should be furnished by the Physician.

Place of Burial, Linden park.

Date of Burial, April 22nd.

Undertaker, George Bauer. Address 582 W. Lombard St

Place of Business, 826 West Balt. St

Medical Attendant, J. M. D. Butler

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria L. Henson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 11 Months, Days.

Color, Colored Sex, female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 10 Marion Street

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) }

Duration of Last Sickness, 9 days
All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 21 1877 Frank R. Gannon M. D.
Medical Attendant.

{ Undertaker, J. M. Chase
Place of Business, No 98 Howard Address 57. St. Paul Street }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr 18

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Louise Hall

Sex, Male or Female,

Cross out the word not required in this line.

Age,

46

Years,

Months,

Days.

Color,

Blk

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary,)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Public Cemetery

Date of Burial,

April 20th

M. D.

Medical Attendant.

Undertaker,

M. H. & Perry

Place of Business,

448 N. Pratt St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17093

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th - 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. John Calahan

Sex, Male or Female, Cross out the word not required in this line. Male

Age, 24 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line. Single

Occupation, Seaman

Birthplace, State or country (and how long in the United States, if of foreign birth.) N. York

Duration of Residence in the City of Baltimore, —

Place of Death, Give street and number. Baltimore Infirmary

Cause of Death, First (Primary), Second (Immediate), Typho Malarial Fever
Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, April 21st

Undertaker, M. H. & Perry

Place of Business, 448 W. Pratt St

Address, 231 W. Lombard St.

J. T. Sludge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

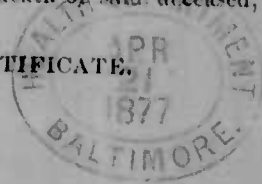
Permit No. *17094*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *April 19 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Lavin Hallaway*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *1* Years, *9* Months, Days.

Color, *red*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Annapolis Co Maryland*

Duration of Residence in the City of Baltimore, *3 weeks*

Place of Death, { Give street and number. } *Front 33*

Cause of Death, { First (Primary,) Second (Immediate,) } *Concussion*
Halters *Halters*

Duration of Last Sickness, *3 Months*

All the above information should be furnished by the Physician.

Place of Burial, *E. Pub. Cemetery*

Date of Burial, *April 21 1877*

Undertaker, *C. Sheppard*

Place of Business, *Pratt St*

E. C. Baldwin M. D.
Medical Attendant.

Address *124 N. E. St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17095*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Adam Bitzel April 28th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Adam Bitzel*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *42* Years, *7* Months, *—* Days.

Color, *white* Sex, *male*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *confectioner*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *25 years*

Place of Death, { Give street and number. } *204 S. Broadway*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pleurisy. Empyema & diphtheritic Gangrene.*

Duration of Last Sickness, *6 months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Matthew's Church* *Henry Salzer* M. D.
Date of Burial, *Apr. 28 77* Medical Attendant.

{ Undertaker, *Ch. Plummer* Address *165 W. Lombard St.*
Place of Business, *136 E. Fayette*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 24/87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary A. Schuler.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

5

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

34 E. Monument St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Ophthalmia
7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Vincent's

Date of Burial,

April 24/87

{ Undertaker,

Wm. Fryer

{ Place of Business,

Brooklyn Ave 54

Edward P. M. D.

Medical Attendant.

Address

137 1/2 E. E. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st. 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James H. Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, / Months, 14 Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas st. ber

Date of Burial, April 22 1877

{ Undertaker, John W. Locks

{ Place of Business, 59 wolf st

G. Glanville, M. D.
Medical Attendant.

Address Balt. 5th st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Harriet A. Bradford

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

43

Years,

Months,

Days.

Color,

Colored

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Wash woman

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt Md

Duration of Residence in the City of Baltimore,

Always

Place of Death, { Give street and number. }

176 S. Dallas st

Cause of Death, { First (Primary,) Second (Immediate,) }

Moribund

I think from debility

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Dallas st

Date of Burial,

April 22 1877

{ Undertaker,

John W. Sochs

{ Place of Business,

592 Wolfe st

John H.anner M. D.
Medical Attendant.

Address 286 E. Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics, City of Baltimore.

SECTION 2. And it be further enacted and ordained, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

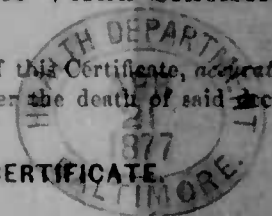
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, April 22nd
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Luque Crabbe*
 Sex, Male or Female, { Cross out the word not required in this line. } *Male*
 Age, 3³ Years, 4 Months, Days.
 Color, *White* Sex, *Male*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*
 Occupation, *Dentist*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *10 yrs*
 Duration of Residence in the City of Baltimore, *10 yrs*
 Place of Death, { Give street and number. } *328 Saratoga St*
 Cause of Death, { First (Primary,) *Phthisis Pulmon;*
 { Second (Immediate,) *Hæmorrhoea*
 Duration of Last Sickness, *4 days*
 All the above information should be furnished by the Physician.
 Place of Burial, *Green Mount. Cem*
 Date of Burial, *April 23rd*
 { Undertaker, *Hughes & Co.* Address *248 Madison Ave*
 { Place of Business, *557. Fayette St*

Thos. J. Latimer M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

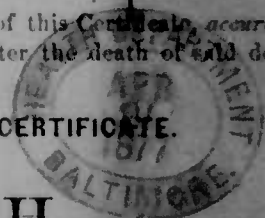
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 21st April 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Olivia Shultz

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 2 Months, 25 - Days

Color, white Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 251 N Wolf St -

Cause of Death, { First (Primary,) From Birth -
Second (Immediate,) Cholera

Duration of Last Sickness, From Birth -

All the above information should be furnished by the Physician.

Place of Burial, French Cemetery

Date of Burial, April 22 1877

{ Undertaker, H. Beebe
Place of Business, Alcega St

Address 189 South St - city

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *17101*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 21st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ann Estelle Luekey*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *3* Years, *8* Months, *13* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *S. Caroline 94*

Cause of Death, { First (Primary,) Second (Immediate,) } *Measles*
Dysentery

Duration of Last Sickness, *Two Weeks*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 23^d*

{ Undertaker, *Ma Daiger*
Place of Business, *Broadway*

E. C. Baldwin M. D.
Medical Attendant.

Address *124 N. E. St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Herman Henry Bentrup.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cabinet Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany - 38 yrs. in U.S.

Duration of Residence in the City of Baltimore, About 8 months.

Place of Death, { Give street and number. } 874 W. Pratt St.

Cause of Death, { First (Primary,) Heart disease (Hypertrophy) Second (Immediate,) }

Duration of Last Sickness, About 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, April 23^d 1877

{ Undertaker, Adam Weidemeier

{ Place of Business, 518 W. Baltimore St.

Bengt. Whitley M. D.
Medical Attendant.

Address, Balt^o Genl. Dispt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm H Taylor

Sex, Male or Female, { Cross out the word not required in this line, } Male

Age, Years, 9 Months, 15 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, C

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bacto

Duration of Residence in the City of Baltimore, C

Place of Death, { Give street and number. } No 93 N Durham St

Cause of Death, { First (Primary, } Whooping cough & Pitty,
Second (Immediate, } 3 weeks

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Land Cemetery

Date of Burial, April 22nd 1877

{ Undertaker, John W. Lock

{ Place of Business, 55 S 1st St Address No 121 E Bacto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 Years, Months, Days.

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, April 21st 1877

Date of Burial, Sun Mount Com

M. D.

Medical Attendant.

{ Undertaker, Jas. Loane
Place of Business, 508 W. Baltimore St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

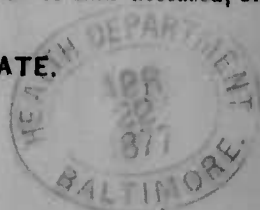
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, April 21, 1877 -
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isaac Williams,
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, 49 Years, 7 Months, 20 Days.
 Color, White, Sex, Male -
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, Secy Insurance Co -
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Somerset Co., Md -
 Duration of Residence in the City of Baltimore, Fifteen years -
 Place of Death, { Give street and number. } 87 N. Charles St -
 Cause of Death, { First (Primary,) Cirrhosis of Liver, Jaundice
 { Second (Immediate,) Pulmonary Oedema -
 Duration of Last Sickness, Eight months -
 All the above information should be furnished by the Physician.
 Place of Burial, St Paul's Cemetery
 Date of Burial, 23 April 1877
 { Undertaker, Hy W. Jenkins & Son Address 247 Lauwale St -
 { Place of Business, 10 Light St -

J. L. Ingle M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17106

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Franklin Swann

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age,

34

Years,

Three

Months,

22

Days.

Color,

White

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

at home

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

137 Mulliken St

Duration of Residence in the City of Baltimore,

Living life

Place of Death, { Give street and number. }

137 Mulliken St

Cause of Death, { First (Primary), Second (Immediate), }

Thrush

Meningitis

Duration of Last Sickness,

About a week

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

April 23rd 1877

Undertaker,

J. M. Im

Place of Business,

Broadway

Address

McElderry St, Broadway

Horton A. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George S. Plake

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 3 Months, 10 Days.

Color, White Sex, Male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 23 East St.

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) }

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 23rd

{ Undertaker, Wm J. Tucker
Place of Business, 85 S. Eutaw St. }

Address, James H. Hinkle M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17108

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 22nd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William E Rogers

Sex, Male ~~or Female~~,

{ Cross out the word not required in this line. }

Age,

Years,

2 Months,

Days.

Color,

White

~~Married~~, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

26 New Church st

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Inanition

Duration of Last Sickness,

Since birth

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

April 23rd 1877

H Darling

M. D.

Medical Attendant.

Undertaker,

Julius Kachler

Address

143 Mulberry street

Place of Business,

Carl Sharpe & Co. Brokers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

APR 23 1877
BALTIMORE

Permit No. 17109
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 Years,

Color, White Months, 6 Days, 12

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Mechanic

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Typhoid Pneumonia
Second (Immediate,) Three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 23 1877

Undertaker, J. P. Keeler

Place of Business, 66 South Street

Address 379 W. Lombard St.
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

HEALTH
APR 23
1877
BALTIMORE

Permit No. 17119

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henrietta Robinson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, One Years, One Months, Ten Days.

Color, Colored Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 344 Duane St

Cause of Death, { First (Primary,) } Inanition
{ Second (Immediate,) }

Duration of Last Sickness, Lifetime
All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. C. Schiner M. D.

Date of Burial, April - 23 1877 Medical Attendant.

{ Undertaker, Wm H Bishop Jr. Address 626 Duwight St

{ Place of Business, No 103 Duwight St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 17111

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ms. Ann Clark

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

66 Years,

5 Months,

Days.

Color,

white

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

110 S. Bond St Balto. city

Cause of Death, { First (Primary), Second (Immediate), }

~~Brain softening~~ Gangrene of Cervix

Duration of Last Sickness,

22 days

All the above information should be furnished by the Physician

Place of Burial,

Greenmount Cemetery

Date of Burial,

April 25th 1877

{ Undertaker,

W. A. Haiger

{ Place of Business,

74 S. Broadway

Address

117 S. Broadway

R. W. Mansfield

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *7112*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 21st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Saml A Oaks*

Sex, *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, *Thirty two* Years, Months, Days.

Color, *White*

Married, *Single*, ~~Widow or Widower~~, { Cross out the word is not required in this line. }

Occupation, *Fruit & Oyster packer*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *St Michaels Talbot Co Md*

Duration of Residence in the City of Baltimore, *Fourteen years*

Place of Death, { Give street and number. } *#266 N Bond St 266*

Cause of Death, { First (Primary.) Second (Immediate.) } *Phthisis Pulmonalis*
Two years Apnoea

Duration of Last Sickness, *Two years*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 23rd 1877*

Undertaker, *H. A. Bayne*

Place of Business, *711 S Broadway*

Andrew Hartman M. D.
Medical Attendant.

Address *#305 N Caroline St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 22nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Millie H. Suter*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Two* Years, *Three* Months, *Twenty* Days.

Color, *White*

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *67 Hollands St*

Cause of Death, { First (Primary,) *Scarlatina*
Second (Immediate,) *congestion of the brain* }

Duration of Last Sickness, *About two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Bald Cemetery*

Date of Burial, *April 23 1877* *Wilton H. Taylor* M. D. Medical Attendant.

{ Undertaker, *W. H. Hoickman*
Place of Business, *Gay St* Address *10 Eldon St Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Apr. 21st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ellen Buckler*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *45* Years, Months, Days.

Color, *White* Sex, *Female*

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, *Help*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt.*

Duration of Residence in the City of Baltimore, *45 yrs.*

Place of Death, { Give street and number. } *354 Caroline St. (South)*

Cause of Death, { First (Primary), Second (Immediate), } *Valvular Dis. of Heart*

Duration of Last Sickness, *7 ds.*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Cem.*

Date of Burial, *April 23rd 1877*

Undertaker, *H. Hahler* Address *East Dist.*

Place of Business, *244 Lombard St.*

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22, 94
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fletcher Stockdale
Sex, Male or Female, { Cross out the word not required in this line. }
Age, _____ Years, _____ Months, Seven Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City
Duration of Residence in the City of Baltimore, Since birth
Place of Death, { Give street and number. } 346 N. M'Donogh St.
Cause of Death, { First (Primary.) Meningitis (supposed)
Second (Immediate,) Eccampsia (convulsions)
Duration of Last Sickness, 10 or 12 hours

All the above information should be furnished by the Physician

Place of Burial, London Park
Date of Burial, April 23
Undertaker, Wm Fry
Place of Business, Fayette & Bway
Address, 305 N. Caroline St.
Geo. A. Hartman, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Gloverie Virginia Moore

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, One Years, 8 Months, 9 Days.

Color, Colored Sex, Female

~~Married~~, Single, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, at life

Place of Death, { Give street and number. } 69 Oxford St. Muscles

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, ~~General Cemetery~~ J. G. Spence M. D. Medical Attendant.

Date of Burial, April 23

{ Undertaker, ~~Wm. J. Spence~~ Address

{ Place of Business, 65 Mulberry St }

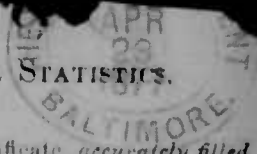
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 17117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Unknown Found April 22 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Unknown Male

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Found at Clements Bridge Wharf near Pratt Street

Cause of Death, { First (Primary,) Second (Immediate,) }

Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Clements

Date of Burial, April 21

Undertaker, Charles Steyer

Place of Business, Pratt Street

J. C. Beland M. D. Coroner Ed.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Tuttle

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 56 Years, 1 Months, 4 Days.

Color, White Sex, Male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, Sailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, { Give street and number. } 349 ~~Baltimore St~~ Franklin St

Cause of Death, { First (Primary,) General Debility
Second (Immediate,) Dropsy

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Dr. G. Brewer

Date of Burial, 23rd of April M. D. Medical Attendant.

{ Undertaker, J. B. Blackstone & Son Address 258 W. Fayette St.
Place of Business, 606 N. Barr St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah A. Griffith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 74 Years, — Months, 30 Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth). }

Maryland - Frederick Co

Duration of Residence in the City of Baltimore,

24 years,

Place of Death, { Give street and number. }

406 Madison Ave

Cause of Death, { First (Primary), Second (Immediate), }

Paralysis
16 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 25th 1887

Undertaker, Jno H. Weaver

Place of Business, 22 Fayette St

John J. Jenkins M. D.
Medical Attendant.

Address No. 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 12pm Huber
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharina Huber
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 16 Years, Two Months, 0 Days.
Color, white Sex, Female
Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
Occupation, A
Birthplace, { State or country (and how long in the United States, if of foreign birth. } N. Bond.
Duration of Residence in the City of Baltimore, during life
Place of Death, { Give street and number. } N. Bond. 212 133
Cause of Death, { First (Primary,) Second (Immediate.) } Heart Disease (Heart Disease)
Duration of Last Sickness, Six months
All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemetery
Date of Burial, April 26th
Undertaker, Geo. Schilling Address 77 N. Ender.
Place of Business, 133 N. Bond St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 23

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Charlotte A. Howe

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Years,

45 years

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Vermont

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

Give street and number.

344 W. Wrought St

Cause of Death,

First (Primary),

Second (Immediate),

Phthisis

Duration of Last Sickness,

Long known

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

April 24th

Undertaker,

Geo. Schilling

Place of Business,

St. Ignace & Monument St

Wm. Whitridge

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17122

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret L. Marsh

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Forty two Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, House

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 520 Gay St corner of Bond St

Cause of Death, { First (Primary,) Second (Immediate,) } Prolapsus of the Uterus
Hemorrhage of the Uterus

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Apr 25/77

{ Undertaker, Steven Schneider

{ Place of Business, 522 Gay St

Hilton St. Taylor M. D.
Medical Attendant.

Address Broadway & E. 10th St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17123

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April, 22nd 1914

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Elizabeth Demsey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 48 Years, 4 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 100 Hudson St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia Pulmonalis

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, St. Carmel Cemetery

Date of Burial, Apr 24/14

Undertaker, Hagler & Co

Place of Business, 65 S. Broadway

Address, 68 S. Broadway

J. D. Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No *17124*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 22 - 1877 -*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William John Brighton Corner*
 Sex, Male or Female, { Cross out the word not required in this line. } *Male*
 Age, *3* Years, *7* Months, *3* Days.
 Color, *White* Sex, *Male*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, *- - - - -*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *City*
 Duration of Residence in the City of Baltimore, *- - - - -*
 Place of Death, { Give street and number. } *260 Carey Street*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*
 Duration of Last Sickness, *- - - - - 5 days - - - - -*

All the above information should be furnished by the Physician.

Place of Burial, *Cambridge* *Wm. A. B. Bellman* M. D.
 Date of Burial, *Tuesday, April 24, 1877* Medical Attendant.

{ Undertaker, *Wm. J. Hughes* Address *Lawrence Carroll Ave*
 { Place of Business, *64 E. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 755

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martin Gipsow or Krosgaard

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 51 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Seaman

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Denmark in U.S. 9 months

Duration of Residence in the City of Baltimore, 9 months

Place of Death, { Give street and number. } Washington University Hospital -

Cause of Death, { First (Primary,) } Phthisis Pulmonalis

{ Second (Immediate,) }

Duration of Last Sickness, 9 months,

All the above information should be furnished by the Physician.

Place of Burial, E. Pul Cemetery

Date of Burial, April 23rd 1877

{ Undertaker, C. Scheiper } Address, Wash. Univ Hosp.

{ Place of Business, Pratt St }

Medical Attendant, M. D. Charles F. Fugler

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17126

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 7 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus.

Date of Burial, April 24th

{ Undertaker, Mr. Krauss

{ Place of Business, Hanover S

Address 17 Hanover St

H. B. Bobb, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Beall.
 Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
 Age, 49 Years, Months, Days.
 Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Cooper

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Prince George Co, Maryland.

Duration of Residence in the City of Baltimore, Fifteen years.

Place of Death, { Give street and number. } Dover St. near Fulton.

Cause of Death, { First (Primary,) Consumption.
 { Second (Immediate,) }

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician

Place of Burial, Elkhridge Landing Anne Arundel County

Date of Burial, April 24th 1877

{ Undertaker, J B Cook

{ Place of Business, No 707 W Baltimore street

Address J M R Fayette Calhoun

M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 22nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Susanna Grieb*

Sex, *Male* or Female, { Cross out the word not required in this line. } *Female*

Age, *40* Years, *1* Months, *1* Days.

Color, *White* Sex, *Female*

Married, Single, Widowed, { Cross out the words not required in this line. } *Widowed*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *32 years*

Place of Death, { Give street and number. } *S. W. Corcoran Place, No. 4, between 1st & 2nd Sts.*

Cause of Death, { First (Primary), Second (Immediate), } *Obstruction of bowels*
Apoplexy
Two days

Duration of Last Sickness, *Two days*

All the above information should be furnished by the Physician.

Place of Burial, *Landen Park Cemetery* *Wm. T. Landen* M. D.

Date of Burial, *April 24th 1877* Medical Attendant.

{ Undertaker, *J. B. Cook* Address *207 N. Broadway*

{ Place of Business, *No 707 N. Baltimore Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 23, 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Annie E. Sporklin

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

19 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

20 N. Ann St

Cause of Death,

{ First (Primary.) }

Gastritis

{ Second (Immediate.) }

Inflammation of the Brain

Duration of Last Sickness,

Ten Days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore cemetery

Date of Burial,

April 24, 1877

{ Undertaker,

W. Frey

{ Place of Business,

Broadway

Address

137 N. ...

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } James Wilson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Three (3) Years, Two (2) Months, One Days.

Color, Colored Sex, Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Ind.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 125 Short St.

Cause of Death, { First (Primary,) Cold
Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 23 1877

Medical Attendant, Francis T. Sauer M. D.

{ Undertaker, Wm A Dingle Address S. E. Co. Jefferson Medical College

{ Place of Business, 1862 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 22nd 1877

Full Name of Deceased, { Write legibly and accurately. If an infant not named, give names of parents. }

Rose Lukan

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

12

Months,

18

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 27 Helman St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough with Measles
About six weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Wm. Whitridge

M. D.

Date of Burial, April 23rd 1877

Medical Attendant.

{ Undertaker, James D. Byrne

{ Place of Business, No 63 N. Front St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 22nd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ann M. Williams

Sex,

~~Male~~ Female,

{Cross out the word not required in this line.}

Age,

48

Years,

Months,

Days.

Color,

white

~~Married~~ Single,

~~Widow~~ ~~Unmarried~~

{Cross out the words not required in this line.}

Occupation,

Account in Treasury Dept Wash D.C.
Balt City

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

5 weeks last time

Place of Death,

{Give street and number.}

67 N. Front St

Cause of Death,

{First (Primary),}

{Second (Immediate),}

Consumption

Duration of Last Sickness,

12 months

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cemetery James A. Stearns M.D.

Date of Burial,

April 24th 1877

{ Undertaker,

Jas P. Byrne

{ Place of Business,

Front St

Address

Commiss of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by James P. Byrne

[OVER.]

1877
BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

.....

April 23rd

Write legibly and spell correctly. If an infant not named, give names of parents.

{ Cross out the word not }
{ required in this line. }

Age, *Only Three*

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not }
 { required in this line. }

Minister of the Gospel

Birthplace, { State or country (and how
long in the United States, if
of foreign birth. }

Four Years

Place of Death, { Give street and
number. }

Cause of Death, { First (Primary,
 { Second (Immediate

Duration of Last Sickness

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemt*

Date of Burial, April 25th 1897

(Undertaker, Jacob Heane.)

(Place of Business, 10416 Grand Hall Avenue

Medical Attendant.

*Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.*

[OVER

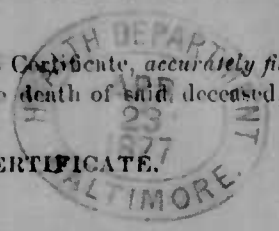
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17134*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Apr 22nd 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Henry Folz*
 Sex, Male or Female, { Cross out the word not required in this line. } *Males*
 Age, *29* Years, _____ Months, _____ Days.
 Color, *White*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*
 Occupation, *Seaman*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany, 1 yr. in U. S.*
 Duration of Residence in the City of Baltimore, *Four Months*
 Place of Death, { Give street and number. } *Wash. Univ. Hosp.*
 Cause of Death, { First (Primary,) *Fracture of Skull*
 { Second (Immediate,) *Meningitis set up by the above*
 Duration of Last Sickness, *Four (4) days.*

All the above information should be furnished by the Physician.

Place of Burial, *E. Pele Cemetery*
 Date of Burial, *April 24/78*
 { Undertaker, *C. Sheep*
 { Place of Business, *Pratt St*
 Address *Wash. Univ. Hosp.*
Chas B. Hughes M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 23rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Kate Eliz Haynie

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

3 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore city Md. 397 E. Pratt St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Same as birth

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia

Duration of Last Sickness,

12 days

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cemetery

Date of Burial,

April 24th

R. W. Mansfield

M. D.

Medical Attendant.

{ Undertaker,

W. A. Daigner

{ Place of Business,

14 S. Broadway

Address

117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 24th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Hannah Heddeston*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *66* Years, _____ Months, _____ Days.

Color, *White* Sex, _____

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Widow*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *100 South Central Ave*

Cause of Death, { First (Primary,) Second (Immediate,) } *Heart Disease*

Duration of Last Sickness, *Two days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 26th 1877*

{ Undertaker, Place of Business, } *Leo Schilling Ashland Square*

F E Fooks M. D.
Medical Attendant.

Address *179 East Balto St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS, MORE.

Permit No. 17137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel J. Fowler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 213 E. Madison St.

Cause of Death, { First (Primary,) Melanotic Tumor of Brain (Supposedly) Paralysis
Second (Immediate,)

Duration of Last Sickness, 10 or 11 months

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, April 27th 1877

{ Undertaker, Geo Schilling

{ Place of Business, Ashland Square

Address 305 N. Caroline

Geo A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23^d, 1877 -
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Kovchogay
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 80 Years, Seven Months, Sixteen Days.

Color, White - Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none -

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Philadelphia - Penna -

Duration of Residence in the City of Baltimore, Fifty years -

Place of Death, { Give street and number. } no. 55 N. St. Luke St. -

Cause of Death, { First (Primary,) Apoplexy -
Second (Immediate,) Softening of Brain -

Duration of Last Sickness, years -

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. R. H. Goldsmith, M. D.

Date of Burial, April 25th 1877

{ Undertaker, Jacob Weaver

{ Place of Business, No 486 Druid Hill Avenue Address 116 Harlem Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17139*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 23. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sophia Knipp*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *Three* Years, *Three* Months, *Days.*

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *No 120 Rabung Street*

Cause of Death, { First (Primary,) *Whooping Cough*
Second (Immediate,) *Convulsions*

Duration of Last Sickness, *Three weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *April 24th 1877* *Chas W Neff* M. D. Medical Attendant.

{ Undertaker, *J. H. Himmick*

{ Place of Business, *311 Broadway St* Address *No 306 N. 4th St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 24. 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ada Brown.*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, *9* Months, _____ Days.

Color, *C*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *Lifetime.*

Place of Death, { Give street and number. } *480 E. Chase St.*

Cause of Death, { First (Primary,) *Inanition.*
Second (Immediate,) _____ }

Duration of Last Sickness, *Unknown*

All the above information should be furnished by the Physician.

Place of Burial, *E. Pub Cemetery*

Date of Burial, *April 24th 1877*

{ Undertaker, *C. Sheppard*
Place of Business, *Pratt St* }

Address: *437 E. Chase St.*

L. C. Gordon, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary A. Munroe

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age,

39 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

none

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. Co.

Duration of Residence in the City of Baltimore,

40 yrs

Place of Death, { Give street and number. }

247 E. Lombard St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption

Duration of Last Sickness,

6 mos.

All the above information should be furnished by the Physician

Place of Burial,

Western Cemetery

Date of Burial,

April 24th 1877

R. W. Mansfield

M. D.

Medical Attendant.

{ Undertaker, J. H. Hickman }

{ Place of Business, 234 E. Gay St. }

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 28th 1877

Full Name of Deceased,

Writes legibly and spell correctly. If an infant not named, give names of parents.

Charles K. Ford,

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

6 Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

63 Battery

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Morbid Dentition

Convulsions

Duration of Last Sickness,

6 or 8 hours

All the above information should be furnished by the Physician.

Place of Burial,

Alder Hill

Date of Burial,

April 25th 1877

{ Undertaker,

Thomas J. J. J.

{ Place of Business,

263 Light St.

R. J. N. Tall

M. D.

Medical Attendant.

Address

158 P. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No. 17143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 23^d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Maria Leis

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

66 Years,

Months,

Days,

Color,

white

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word is not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, { Give street and number. }

91 S. Dusham St.

Cause of Death, { First (Primary), }

Old age.

{ Second (Immediate), }

Dysentery.

Duration of Last Sickness,

Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, April 23

A. F. Esich

M. D.,

Medical Attendant.

{ Undertaker, Wendelin Toppel

{ Place of Business, South Bond st 151

Address

94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr. 23^d 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah Wall

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

23 Years,

Months,

Days.

Color,

Dark

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Accomac Co Va

Duration of Residence in the City of Baltimore,

4 years

Place of Death,

{ Give street and number. }

322 Luce St.

Cause of Death,

{ First (Primary),
Second (Immediate), }

Consumption
6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp Cemetery

Date of Burial,

April 25 1877

R. M. Wall

M. D.

Medical Attendant.

Undertaker,

H. W. Hare

Place of Business,

No 138 S Howard

Address

266 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 22d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah Bailey

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, nineteen Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Laundress

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Accomack Co Virginia

Duration of Residence in the City of Baltimore,

fourteen years

Place of Death, { Give street and number. }

No 10, Peach alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Exposure
Tuberculosis Phthisis

Duration of Last Sickness,

five months

All the above information should be furnished by the Physician

Place of Burial,

Laurel Cemetery

Date of Burial,

April 25 1877

Undertaker,

S. W. Chase

Place of Business,

No 198 Howard St

Address

J. D. Dyer
No 146 Hill St
Baltimore

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th April, 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Wright

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 18 Years, Months, Days.

Color, Black Sex, Male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, Labour

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Six

Place of Death, { Give street and number. } 75 Harmony Lane

Cause of Death, { First (Primary,) Valvular Disease of Heart
Second (Immediate,) " "

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Marple Cemetery, Thomas Apie M. D.

Date of Burial, April 21st, 1877 Medical Attendant.

{ Undertaker, W. H. Chase Address 396 N. Fayette St.

{ Place of Business, No 173 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR

STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *23 April 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, _____ Years, *2* Months, _____ Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Foundling*

Duration of Residence in the City of Baltimore *House 6 weeks*

Place of Death, { Give street and number. } *St Vincent's Infant Asylum*

Cause of Death, { First (Primary,) _____
Second (Immediate,) _____ } *Marasmus
Athenia*

Duration of Last Sickness, *from admission*

All the above information should be furnished by the Physician

Place of Burial, *Cathedral Cemetery*

Date of Burial, *April 24 1877*

{ Undertaker, *Sam'l Bowen*
Place of Business, *156 Division St.* }

Marbury Brewer M. D.
Medical Attendant.

Address *201 W. Midvale St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 20th 1899

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Louis F. Gore

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

2

Months,

Days.

Color,

White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Balt. City

Duration of Residence in the City of Baltimore,

Life

Place of Death, Give street and number.

Cor. Gilmer & Preston

Cause of Death,

First (Primary.)

Second (Immediate.)

Mal-nutrition

Spinal Irritation

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Linden Park

Date of Burial,

April 24

Undertaker,

H. B. Bizzard

Place of Business,

201 Penae

Address

H. S. Latimer

M. D.

Medical Attendant.

248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 24th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents. Joseph House

Sex, Male ~~Female~~

{ Cross out the word not required in this line. }

Age,

Years,

1

Months,

12

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

267 Preston St

Cause of Death,

{ First (Primary),
Second (Immediate), }

Scrophula -
all its life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Church

Date of Burial,

April 26th 1877

James A. Stenard M. D.

Undertaker,

P. Kummer

Place of Business,

317 Mulberry St

Address

Commiss of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Michael Housey father

Board of Health, City of Baltimore,

No. 17150

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 23 1872

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Clementine Layman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 22 Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Mo

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

House of the Good Shepherd
Pulmonary Consumption

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, April 24 1872

Edw. L. Nicholson M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, Balto St

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23^d 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph A. Schultz.
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 1 Year, 10 Months, Days.
Color,
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City.
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } N. E. Cor Hanover & Henrietta Sts.
Cause of Death, { First (Primary,) Enteritis, { Second (Immediate,)
Duration of Last Sickness, 12 days.
All the above information should be furnished by the Physician.
Place of Burial, St. Alphonsus
Date of Burial, April 25 1877
{ Undertaker, C. F. Krause } R. J. H. Tall M. D. Medical Attendant.
{ Place of Business, 209 Hanover } Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Martin

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Seventy four Years, 3 Months, 1 Days.

Color, White Sex, Female

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Russia Germany

Duration of Residence in the City of Baltimore, Thirty two years

Place of Death, { Give street and number. } 113 Lombard St

Cause of Death, { First (Primary,) Second (Immediate,) } Zyphoid Pneumonia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 25 1877 J. W. Cornell M. D.
Medical Attendant.

{ Undertaker, J. N. Toll

{ Place of Business, 40 S. Howard St Address 506 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

HE
APR
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1877
INT
Baltimore

Permit No. 17153

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23, 11 p.m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andreas Schmidt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, 3 Months, Days.

Color, white Sex, male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baker.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twenty three. Years

Place of Death, { Give street and number. } St. Union Street.

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 25, 1877 John D. Liker

M. D.

Medical Attendant.

{ Undertaker, Andrew Zeit-

{ Place of Business, 1182 North Hollis Address 77. N. Euter. Bldg.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL



No. 171574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *to be filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 24*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Carrie E. Edson*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *8* Years, *10* Months, *8* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *5 Heath St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Measles*
Pneumonia

Duration of Last Sickness, *2 wks*

All the above information should be furnished by the Physician.

Place of Burial, *Ball Cemetery*

Date of Burial, *April 25 1877*

{ Undertaker, Charles H. Gervod } *Throdore Cook* M. D.
Medical Attendant.

{ Place of Business, 161 Hanover St } Address *146. Hanover St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine A. Fogarty.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 54 Years, Months, Days.

Color, White Sex, Female

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland,

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give street and number. } 64 Essex St.

Cause of Death, { First (Primary,) Heart Disease (Mitral) Second (Immediate,) Asthenia.

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 26th 1877

Signature, S. West. MacRae, M. D. Medical Attendant.

{ Undertaker, John T. Scriven Address 28 Park Ave. Place of Business, 271 N. Eutan St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

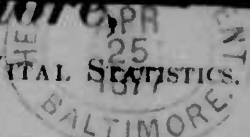
Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore, PR

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17156



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Arthur Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Six

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Somerset County Maryland

Duration of Residence in the City of Baltimore,

Five years

Place of Death, { Give street and number. }

No. 22 Wayne Street

Cause of Death, { First (Primary.) }

Exposure to Rubella

{ Second (Immediate.) }

Cerebral congestion et convulsions

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician

Place of Burial,

Camel Cemetery

Date of Burial,

April 25th 1877

J. D. Dyer

M. D.

Medical Attendant.

{ Undertaker,

Wm. G. G. G. G.

{ Place of Business,

5 Mulberry St

Address

No. 146 Hill St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 25 1877

Permit No. 17157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 23 - 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Eliza, 'Gilde'.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 51 Years,

Color, white

9 Months, 14 Days.

Married, ~~Single~~, ~~Widow~~, { Cross out the words not required in this line. }

Sex, Female

Occupation,

Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baden - Hanover

Duration of Residence in the City of Baltimore,

43 yrs -

Place of Death, { Give street and number. }

85 Edmondson Avenue
Malignant Tumor of Uterus.
Esterma -

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

The disease has existed, at least past 4 weeks, for 10 years, confirmed

Place of Burial, Green Mount

Date of Burial,

Apr 25 1877

Undertaker,

Chenoweth & Co.

John J. King

M. D.

Medical Attendant.

Place of Business,

341 Fennell Ave -
City

Edmondson Ave -
near Carrollton Ave -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 24. 77.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Mary Ann Smith*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *19* Years, *4* Months, *12* Days.

Color, *Black.* Sex, *Female.*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Domestic.*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland.*

Duration of Residence in the City of Baltimore, *Life Time.*

Place of Death, { Give street and number. } *48. Arundel.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia.*

Duration of Last Sickness, *One week.*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp Cemetery*

Date of Burial, *April 25. 77*

{ Undertaker, *S. H. H. H. H.* Place of Business, *145. Howard St.* }

J. B. Mithell M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 25 1877
BALTIMORE

No. 17159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 24*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Nancy Smith*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *11* Years, *5* Months, *5* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *3 Plum Alley*

Cause of Death, { First (Primary,) Second (Immediate,) } *Erysipelas*

Duration of Last Sickness, *70 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 25 75*

Undertaker, *E. W. Johnson*

Place of Business, *198 Broadway St*

Address, *146. Hanover St*

Therodond L. L. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 17160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 24 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Discal

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

19

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

N S House C.

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

S House C.

Cause of Death,

First (Primary),

Second (Immediate),

Scrofula

Duration of Last Sickness,

10 months

All the above information should be furnished by the Physician

Place of Burial,

Laurel Cemetery

Date of Burial,

25 April

Geo. W. Joneson

M. D.

Medical Attendant.

Undertaker,

S. Chase

Place of Business,

S. Howard

Address

141 Hammond

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24th April 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mr. Ruth Conwellman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 53 Years, Months, Days.

Color, White Sex, female

Married, { Cross out the words not required in this line. } Single

Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give street and number. } 113 Gilman St.

Cause of Death, { First (Primary,) Abscess. Second (Immediate,) in.

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 26 1877

Undertaker, Blackiston & Son Address 108 Park Ave

Place of Business, W. Balto St

R. D. Macdonald M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

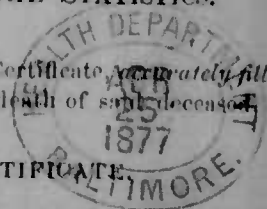
Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

April 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Hawkins.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

79 Years,

Months,

Days.

Color,

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland, (Locality unknown)

Duration of Residence in the City of Baltimore,

About 50 years.

Place of Death, { Give street and number. }

258 Bank St.

Cause of Death, { First (Primary). Second (Immediate). }

Old Age.

rec'd Fracture of hip some two years ago, and apparently died from old age & exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cem.

Date of Burial,

April 27 1877

R. J. H. Tall

M. D.

Medical Attendant.

{ Undertaker,

Charles B. Hearn

{ Place of Business,

161 H. H. H. H. H.

Address

158 S. L. Street, St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

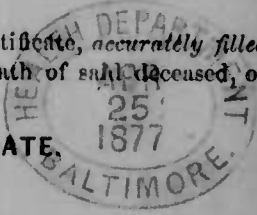
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *April 24, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James E. Vick*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } *Male*

Age, *26* Years, — Months, — Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Bookman in R. R.*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore, City, Md.*

Duration of Residence in the City of Baltimore, *26* Years

Place of Death, { Give street and number. } *No. 1 Constitution St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *R. R. accident*
Traumatic Pneumonia

Duration of Last Sickness, *Ten days*

All the above information should be furnished by the Physician.

Place of Burial, *Mt Olivet*

Date of Burial, *April 26, 1877*

P. D. Thomson M. D.
Medical Attendant.

{ Undertaker, *J. B. Cook*

{ Place of Business, *707 W. Balto St* Address *248 Madison Ave*
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

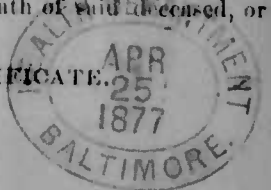
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

24th April 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Anny Wenzel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

1

Years,

8

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

During lifetime

Place of Death, { Give street and number. }

N. Washington Street 46.

Cause of Death, { First (Primary,) Second (Immediate.) }

Rubeolae

Hydrothorax

6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, April 25th 1877

William Henkel

M. D.

Medical Attendant.

{ Undertaker, H. Froehlich

{ Place of Business, 246 Eastern A

Address

J. Wolfert 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

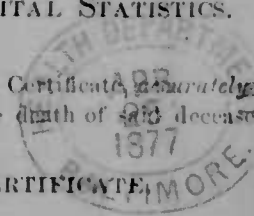
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17168

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of ~~the~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *April 25 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William H. & Mary Langley*

Sex, Male ~~Female~~, { Cross out the word not required in this line. } *Parents*

Age, _____ Years, _____ Months, *4* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *E. Monument St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Convulsions*

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 25 1877*

{ Undertaker, *A. Link* Address *Commissioner of Health & Registrar*

{ Place of Business, *461 N. Gay St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Wm H. Langley Father* [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17167

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

April 25th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maria Weede

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

—

Years,

—

Months,

5

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

22 Abbott St

Cause of Death,

{ First (Primary,) }

{ Second (Immediate,) }

Convulsions

Duration of Last Sickness,

all its life

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

April 26th 1877

James H. Sturges

M. D.

{ Undertaker,

Adam Fink

{ Place of Business,

N. Gay St

Address

Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Adam Fink Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17168

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the* deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 23rd*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Henry K. D. Smith*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *4* Years, *8* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Teacher*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *65*

Place of Death, { Give street and number. } *65 Portland St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Supp. Hemorrhage*

Duration of Last Sickness, *2 1/2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Grain Hill Cemetery*

Date of Burial, *April 25th 1897.*

{ Undertaker, *Adan. Weidemeyer*

{ Place of Business, *518 1/2 W. Baltimore St*

Address *106 Columbia St*

J. L. Buddell M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17169
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *26th. April 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Margaretha Reich*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *64* Years, _____ Months, _____ Days.

Color, *white*

~~Marrried, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Rupperstadt, Bavary, Germany*

Duration of Residence in the City of Baltimore, *34 years.*

Place of Death, { Give street and number. } *Spence Alley No 3*

Cause of Death, { First (Primary.) Second (Immediate.) } *Degeneration renum Hydrops Acute*

Duration of Last Sickness, *6 months*

All the above information should be furnished by the Physician.

Place of Burial, *St Alphonsus*

Date of Burial, *April 26 1877*

Undertaker, *Wend Diefel*

Place of Business, *S. Bond St*

Address *S. Wolferst 117*

William Heare M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Apr. 24 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Janet Holtz*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *25* Years, Months, Days.

Color, *White* Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Servant*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *St. Joseph's Hospital (Ind. Hosp. 40) Room*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dysphoid Fever*
As Thymia

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Charles Cemetery*

Date of Burial, *April 26, 1877*

{ Undertaker, Place of Business, } *Henry Hecht* Address *188 N. Calvert St*

J. C. Roy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *Apr 25 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Anna M. Schramm*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *58* Years, Months, Days.

Color, *W* Sex, *Widow*

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *Housekeeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *St. Elizabeth's*

Cause of Death, { First (Primary,) Second (Immediate,) *Strangulated Hernia Peritonitis*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *April 26, 1877*

{ Undertaker, Henry Beck Address *188 N. Calvert St.*

{ Place of Business, 304 Central av.

Oscar J. H. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17172

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

April 24th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Joseph Seimlin

Sex, Male or Female,

Cross out the word not required in this line.

Age,

52 Years,

Months,

Days.

Color,

white

~~Married~~, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Laborer

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

5 yrs -

Place of Death,

Give street and number.

10.56 N. Durham St.

Cause of Death,

First (Primary),

Injury of the Head

Second (Immediate),

Inflammation of Brain

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem.

Date of Burial,

Apr. 26th 77

B. W. Clausen M. D.

Medical Attendant.

Undertaker,

W. France

Place of Business,

280 Canton Ave

Address

117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

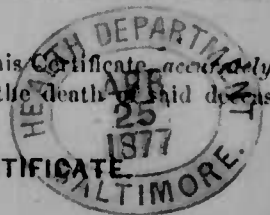
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, *24th April 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Caroline Sophia Boettinger*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *61* Years, *10* Months, *16* Days.

Color, *white* Sex, *female*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *30 Years.*

Place of Death, { Give street and number. } *No 209 North Central Avenue*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *4 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 26th 1877.*

R. R. Primm M. D.
Medical Attendant.

{ Undertaker, *H. Hoffman,* Address *No 208 North Central Avenue*

{ Place of Business, *63 N. E. D. St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.



17174

Physician who attended any person in a last illness is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 25*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sydney White*

Sex, *Male* or ~~Female~~ { Cross out the word not required in this line. }

Age, *1* Years, *7* Months, *4* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *64 E Church*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *1 week*

All the above information should be furnished by the Physician.

Place of Burial, *Lafayette Cemetery*

Date of Burial, *April 26th*

Undertaker, *Barclay & Co*

Place of Business, *180 Ches St*

Address *146 Hanover*

Thos. Scott M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.



No. 17175

Physician who attended any person in a last illness is responsible for the presentation of this Certificate; *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 25th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Wm. Wieman

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, / Year, 6 Months, — Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

113 Saratoga St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlet Fever
four days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, April 26th

Henry C. Cusack

M. D.

Medical Attendant.

{ Undertaker, Henry Borgmann

{ Place of Business, 45 Clay str

Address 2. Catharine St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 26 1877
BALTIMORE

17176

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*
Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 24th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Laura Conway*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, *One* Years, Months, *12* Days.
Color, *Black*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *One year & 12 days*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Saurallem*

Date of Burial, *April 26 1877*

{ Undertaker, *John W. Locks*

{ Place of Business, *59 S. Wolfe St.*

Address

Broadway & Madison St.

Wm. L. Sturges M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

APR
26
1877

BALTIMORE

No. 17177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Thursday Morning April 26th 1877*

Full Name of Deceased, *Arms McCullough,*
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, *Female*
{ Cross out the word not required in this line. }

Age, *78* Years,

Color, *White*

Married, Single, Widow or Widower, *Widow.*
{ Cross out the word not required in this line. }

Occupation,

Birthplace, *Ireland,*
{ State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *50 years,*

Place of Death, *# 213 Forrest St,*
{ Give street and number. }

Cause of Death, *General Decay of the former life,*
{ First (Primary),
Second (Immediate), }

Duration of Last Sickness, *Six Weeks*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 27th 1877*

Undertaker, *John S. Weaver*

Place of Business, *# 22 W. Fayette St.*

Walter Binsted M. D.
Medical Attendant.

Address *Office # 25 1/2 Greenmont Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 26 1877

17178

Physician who attended any person in a last illness is responsible for the presentation of this Certificate to the Registrar, or the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Unknown*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Michael Moran*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *Twenty five* Years, *—* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Unknown*

Occupation, *Boatman.*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *Off Brown's whf.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Drowning.*

Duration of Last Sickness, *—*

All the above information should be furnished by the Physician.

Place of Burial, *C P Cemetery*

Date of Burial, *April 25*

{ Undertaker, *Charles Strayer*

{ Place of Business, *Pratt Wharves St*

W. C. Ireland M. D.
E. Dist. Medical Attendant.

Address *—*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 17179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Dawson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 3 Months, 8. Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } St. Edm 178.

Cause of Death, { First (Primary,) Convulsions
Second (Immediate,) Exhaustion

Duration of Last Sickness, Six Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Burial Ground

Date of Burial, April 26

Undertaker, Wm. H. Waterman

Place of Business, 26 South St.

Address

John D. Plunk, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gordon Forbes

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 80 Years, — Months, — Days.

Color, White Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Farmer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Westmoreland Co. Pa

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } 41 Mulberry St

Cause of Death, { First (Primary,) Enteritis
Second (Immediate,) }

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Westmoreland Co Md

Date of Burial, April 27th 1877

{ Undertaker, Jacob Weaver

{ Place of Business, No 416 Duval Hill Avenue

Address 80 Radcl St

Thos J. Mendenhall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

(Transit 757)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 17181



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Virginia Beacham
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 1 Days.
Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem^t

Date of Burial, April 26th 1877

H. S. Bowie

M. D.

Medical Attendant.

{ Undertaker, Jacob Weaver

Address

{ Place of Business, 1446 Druid Hill Avenue

No 1 Edmondson Cr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17182



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Wednesday April 25th 1894*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Edward Thomas Portland Hopkins*
Son of Alfred T. & Mary A. Hopkins

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *5* Years, *4* Months, Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Talbot Co Md*

Duration of Residence in the City of Baltimore, *4* Years

Place of Death, { Give street and number. } *No 10 Patuxant St*

Cause of Death, { First (Primary.) *Scarlatina Anginosa*
Second (Immediate.) *Pneumonia*

Duration of Last Sickness, *21* day

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cem*

Date of Burial, *April 27th 1894* *Enoch* M. D.
Medical Attendant.

{ Undertaker, *W. A. Hauger*
Place of Business, *14 S. Broadway* Address *28, O'Donnell St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 17183

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 25th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Daniel Connolly*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *72* Years, — Months, — Days.

Color, *white* Sex, *male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *28 years*

Place of Death, { Give street and number. } *St Vincent's Hospital*

Cause of Death, { First (Primary,) Second (Immediate.) } *Cancer of face*
Asthenia

Duration of Last Sickness, *one year*

All the above information should be furnished by the Physician.

Place of Burial, *St Mary's Cemetery*

Date of Burial, *April 27, 1877*

Undertaker, *Jas P Byrne*

Place of Business, *13 Front St*

Address *89 Saratoga St*

E. W. Theobald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

26
1877

17/84

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 26

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Kate S. Hartman

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

2

Months,

3

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

1. Noorden St

Cause of Death,

{ First (Primary.) }

Scarlatina

{ Second (Immediate.) }

Bronchitis

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Bell Cemetery

Date of Burial,

27 April

Sheldon Leake

M. D.

Medical Attendant.

{ Undertaker,

Wm. Ink

{ Place of Business,

461 N. Gay St

Address 146 - Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

No. 17185



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 25th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Capt^l Jacob Kirwan*

Sex, Male ~~Female~~, { Cross out the word not required in this line. } *Male*

Age, *65* Years, *nine* Months, *none* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Steamboat Captain*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Somerset County, Md.*

Duration of Residence in the City of Baltimore, *50 years*

Place of Death, { Give street and number. } *No 54 Spring St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Angina Pectoris*

Duration of Last Sickness, *7 days*

All the above information should be furnished by the Physician

Place of Burial, *Calverton*

Date of Burial, *April 26th 1877*

Undertaker, *Thos J. Hughes*

Place of Business, *60 E. Baltimore*

Thomas J. Evans M. D.
Medical Attendant

Address *No 18 Jackson Square*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 26th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Medvine. Emrich*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *One* Years, *—* Months, *—* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Balt City*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt City*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *319 N Gay*

Cause of Death, { First (Primary,) Fish bone in the Throat. Second (Immediate,) Edema of Glottis }

Duration of Last Sickness, *Six days*

All the above information should be furnished by the Physician.

Place of Burial, *Balt Hebrew Burial B. F. Coopers* M. D.

Date of Burial, *Phila Road* Medical Attendant.

{ Undertaker, *George Schullery* Address *134 N High*

{ Place of Business, *Monument St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of *the* deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 25, 1877
Virginia Price

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

9

Years,

Months,

Days.

Color,

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Announcement Post Mex

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

267 Steubenville St

Cause of Death, { First (Primary),
Second (Immediate), }

Consumption
ten months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*

Date of Burial, *Apr 26, 1877*

{ Undertaker, *William Abinger*

{ Place of Business, *No 10 Black Alley*

J. V. Shurt M. D.
Medical Attendant.

Address *260 South Euter St*

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17188

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*
the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 25th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Elizabeth Mayman

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

8

Months,

Days.

Color,

Cal

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

136 Orchard St

Cause of Death,

{ First (Primary),
Second (Immediate), }

Inflammation of brain
Acute Hydrocephalus
Three (3) weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

April 26 1877

Undertaker,

Wm A Duggan

Place of Business,

No 16 Stockton St

Wm A Duggan

M. D.

Medical Attendant.

Address

192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

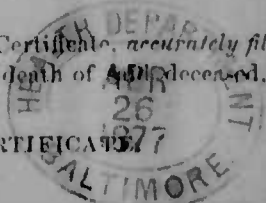
Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17189

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *April 24th - 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Alberta Ford*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *3* Years, Months, Days.

Color, _____

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City -*

Duration of Residence in the City of Baltimore, *3 years*

Place of Death, { Give street and number. } *1371 Lombard -*

Cause of Death, { First (Primary.) Second (Immediate.) } *Tubercular consumption*

Duration of Last Sickness, *one year*

All the above information should be furnished by the Physician.

Place of Burial, *Osborne's Green*

Date of Burial, *April 26 1877*

{ Undertaker, *Wm H Duggell*

{ Place of Business, *No 62 East St*

Wm L Russell M. D.
Medical Attendant.

Address *Broadway & Madison St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17190

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, already filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

April 26th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Harry Purik

Sex, Male or Female

{ Cross out the word not required in this line. }

Age,

1

Years,

5

Months,

—

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

13. Little Perry St

Cause of Death,

{ First (Primary,) }

Exhaustion

{ Second (Immediate,) }

Convulsions

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

April 27th 1877

J. M. A. Stearns M. D.

Undertaker,

C. F. Herold

Place of Business,

Harover St

Address

Commissioner of Health
J. P. G. Stearns

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary Purik mother

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17191

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER



CERTIFICATE OF DEATH.

Date of Death,

April 25th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Emeline Indutch.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

34 Years,

Months,

Days.

Color,

White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Va.

Duration of Residence in the City of Baltimore,

23 years

Place of Death, { Give street and number. }

Beach Alley.

Cause of Death,

First (Primary.)

Second (Immediate.)

Tuberculosis.

Duration of Last Sickness,

About one year

All the above information should be furnished by the Physician

Place of Burial,

Baltimore Cemetery

Date of Burial,

April 27th 1877

Undertaker,

Charles H. Howard

Place of Business,

161 Hanover Street

Address

Southern Dispensary.

J. B. White

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1917

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Lawrence

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One Years, One Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 35 Shakespeare St.

Cause of Death, { First (Primary.) Second (Immediate.) } Hooping Cough
Pneumonia

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician

Place of Burial, St. Peter's Cemetery

Date of Burial, April 27

{ Undertaker, Wendelin Dippel

{ Place of Business, S. Bond St. 151 Address 151 S. Broadway

C. Edward Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

No. 17193

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 26th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Jones*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *25* Years, Months, Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*
Occupation, *Mariner*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Dorchester Co. Md.*
Duration of Residence in the City of Baltimore, *45 Years*
Place of Death, { Give street and number. } *302 St. Ann St*
Cause of Death, { First (Primary,) Second (Immediate,) } *Typhoid Pneumonia*
Duration of Last Sickness, *11 Days*
All the above information should be furnished by the Physician.
Place of Burial, *Baltimore Cem.*
Date of Burial, *Apr 27 1877*
{ Undertaker, Place of Business, } *W. A. Deiser 74 B'way*
James E. Drinnille M.D.
Medical Attendant.
Address *297 E. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 25 1877
BALTIMORE

17194

Physician who attended any person in a last illness is responsible for the presentation of this Certificate. If filled by Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 18th 77.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Catherine Davis*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *2* Years, *3* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *12 South Bond st.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Measles Whooping Cough*
Superinduced Coma

Duration of Last Sickness, *nineteen days*

All the above information should be furnished by the Physician.

Place of Burial, *Balti Cemetery*

Date of Burial, *April 27th 1877*

{ Undertaker, M. A. Dager

{ Place of Business, S. Broadway

John F. Monroese M. D.
Medical Attendant.

Address *S. W. Calvert Road*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17195
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 26th 77.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Julia A. Hecker.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

1

Years,

5

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Richmond, Virginia

Duration of Residence in the City of Baltimore,

8

Months

Place of Death,

{ Give street and number. }

401 N. Calver St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Malignant Scarlet Fever.

Duration of Last Sickness,

3. Day S.

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cem.

Date of Burial,

April 27th 1877

{ Undertaker,

Jacob Weaver

{ Place of Business,

No 426 Davis Hill Avenue

G. W. Norris

Cor. Strickland & Prattman

Address

G. H. Knight

Cross St. Near Franklin

M. D.

Medical Assistant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

No. 17196

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mollie Curran
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 5 Years, 7 Months, Days.
Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, child

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. City

Duration of Residence in the City of Baltimore, about 5 yrs

Place of Death, { Give street and number. } 20 Green Mount Ave

Cause of Death, { First (Primary.) } Scarlet fever
{ Second (Immediate.) } do

Duration of Last Sickness, weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 28th 1877

{ Undertaker, Wm. H. Hickman } Address 86 E. Fayette St.

{ Place of Business, 234 N. Gay St. }

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 26th 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Wesley Cain

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

32 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Labourer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

life

Place of Death, { Give street and number. }

32 St Peters St

Cause of Death, { First (Primary,) Second (Immediate,) }

Pulmonary Consumption
18 Mo

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mt Olivet Cemetery

Date of Burial,

April 28th 1877

J Hurray

M. D.

Medical Attendant.

{ Undertaker,

John Macher

Address

76 S Paca St

{ Place of Business,

10150 Calverton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 25th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Patrick Preston*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, *60* Years, Months, Days.
Color, *White* Sex, *Male*
Married, ~~Single, Widower or Widowed~~ { Cross out the words not required in this line. }
Occupation, *Hotel Keeper*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Ireland*
Duration of Residence in the City of Baltimore, *23 Years*
Place of Death, { Give street and number. } *Cor of Calvert & Pleasant.*
Cause of Death, { First (Primary,) Second (Immediate,) } *Cerebritis.*
Duration of Last Sickness, *Three days*
All the above information should be furnished by the Physician.
Place of Burial, *New Cathedral Cemetery* *Geo. B. Reynolds, D.*
Date of Burial, *April 28th 1877* Medical Attendant.
{ Undertaker, *James P. Byrne* Address *43 N. Calvert*
{ Place of Business, *No 63 N. Front St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 26 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William Meekam

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 Years, 5 Months, Days.

Color, White Sex, male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

Since first

Place of Death, { Give street and number. }

108 N. High St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Bright's dis. of Kidneys
Uremia

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

E. W. Theobald

M. D.

Date of Burial, April 29 1877

Medical Attendant.

Undertaker, James D. Byrne

Place of Business, No 63 N. Front St

Address

89 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17200

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*
Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Thursday April 26th 77.*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sarah Piff*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, *4 5* Years, *6* Months, Days.
Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *12 days.*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Virginia*

Date of Burial, *April 27th*

Undertaker, *Wm J. Dickner*

Place of Business, *65 S. Eutaw*

Louis H. Brown

M. D.

Medical Attendant.

Address *226 Mulberry St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 758

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17201

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 25 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Amelia Ann Parker*
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, *1* Years, *11* Months, *11* Days.
 Color, *Blk*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *James T. Parker* father [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17202

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 26th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Virginia Ringgold.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

1 Year,

8 Months,

Days.

Color,

Col^d

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

212 Warner St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough

Convulsions

few hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Lafayette

Date of Burial,

April 27

{ Undertaker, Anderson Bros

{ Place of Business, 180 West St

R. J. H. Tall

M. D.
Medical Attendant.

Address

158 S. Sharp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17203

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lilley Ann Thompson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 5 Months, 16 Days.

Color, red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Short St No 33

Cause of Death, { First (Primary,) Measles
Second (Immediate,) Infection

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Ashbury cemetery

Date of Burial, April 27 1877

E. C. Baldwin M. D.
Medical Attendant.

{ Undertaker, William A. Dungee

{ Place of Business, No 62. East St.

Address 124 N. E. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.



17204

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 25th 1877*
 Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *James H. Ridgely*
 Sex, Male ~~or Female~~, (Cross out the word not required in this line.)
 Age, *21* Years, _____ Months, _____ Days.
 Color, *coll*
~~Married, Single, Widow or Widower~~, (Cross out the words not required in this line.)
 Occupation, *Coachman*
 Birthplace, State or country (and how long in the United States, if of foreign birth.) *Balt City*
 Duration of Residence in the City of Baltimore, *Life*
 Place of Death, Give street and number. *77 Pierce St*
 Cause of Death, First (Primary), Second (Immediate). *Consumption*
 Duration of Last Sickness, *8 months*

All the above information should be furnished by the Physician.

Place of Burial, *Land Cemetery*
 Date of Burial, *April 27th 1877*
 Undertaker, *H. H. Bishop* Address *Commissioner of Health & Registrar*
 Place of Business, *Bruehl St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Wm H Bishop* [OVER.]
Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 172115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Hester Anthony

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 8, Months, 12, Days.

Color, Colored, Sex,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 64 Bethel St

Duration of Residence in the City of Baltimore, All

Place of Death, { Give street and number. } No 64 Bethel

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill

Date of Burial, 27 April 1877

Undertaker, John W. Locks, Address No 23 Bath St

Place of Business, 575 W. 1st St

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17206

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. P. Mathias

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 44 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Pennsylvania

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number. } 3 Biddle St.

Cause of Death, { First (Primary.) } Bright's disease of Kidneys
{ Second (Immediate,) } Exhaustion

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Lane

Date of Burial, April 26th 1877

{ Undertaker, Chas. T. Scribner } Address 50 McCulloch St

{ Place of Business, 272 N. Eutaw St }

H. B. Griffith

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 26th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Julia Ann Grazier

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

67 Years,

9 Months,

Days.

Color,

White

Sex,

Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Harford Co. Md.

Duration of Residence in the City of Baltimore,

28 years

Place of Death, { Give street and number. }

27 Brune St.

Cause of Death, { First (Primary) Second (Immediate) }

Pulmonary Consumption
One Year.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

J. W. C. Cuddy, M. D.
Medical Attendant.

Date of Burial, April 28th

{ Undertaker, Jos Gougeon
Place of Business, 308 W Balto St }

Address 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

At No. 17208



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 26th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elizabeth Thomas*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *79* Years, *4* Months, *0* Days.

Color, *white* Sex, *Female*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *England*

Duration of Residence in the City of Baltimore, *since childhood*

Place of Death, { Give street and number. } *518 W. Fayette St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Fatty degeneration of the Heart*
Arteriosclerosis

Duration of Last Sickness, *one day*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount*

Date of Burial, *April 29th*

Undertaker, *Jos. Loun*

Place of Business, *568 W Balto St*

Address *290 Madison Ave*

W. J. McDowell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th of April 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Schriber

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 6 Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } Cor. of Duken & Pratt St.

Cause of Death, { First (Primary,) Second (Immediate,) } Eclampsia Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, April 28

Undertaker, Wendelin Doffel

Place of Business, S. Bond St. 151

Address

245 S. Bond

Thos. A. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Gettner
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, 29 Years, Months, Days.
Color, White
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore Md
Duration of Residence in the City of Baltimore, Since birth
Place of Death, { Give street and number. } # 177 Montgomery St
Cause of Death, { First (Primary,) Puerperal fever -
Second (Immediate,) Fifteen days
Duration of Last Sickness, (15) Fifteen days
All the above information should be furnished by the Physician.
Place of Burial, Western Cemetery
Date of Burial, April 27th
{ Undertaker, George Limbach } Address 161 Sharp St
{ Place of Business, 384 N. Pratt St }
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 27

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rich E. ~~Irland~~ E. C. Ireland

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

Months,

18 hours

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

358 McDonough Dr.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give street and number. }

358 McDonough Dr

Cause of Death,

{ First (Primary),
Second (Immediate). }

Not natural.

Only about 5 months

Child

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

28th April

W. H. White,

M. D.

Medical Attendant.

Undertaker,

Adam Tink

Place of Business,

461 E. Gay St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17212

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26/77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wallace Paul

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years,

Months,

Days.

Color, Colored

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Don't know

Occupation, Convent

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Don't know

Duration of Residence in the City of Baltimore, 3 months

Place of Death, { Give street and number. }

Maryland Penitentiary

Cause of Death, { First (Primary,) Second (Immediate.) }

Pneumonia

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Ellicott City

Date of Burial, April

J. P. Boyle

M. D.

Medical Attendant.

Undertaker, Strath Pauls

Place of Business, Ellicott City

Address 1615 Chapel St.

J. P. Boyle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 759

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17218

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

27 April 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Carroll

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

2

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

St. Vincent's Infant Asylum

Cause of Death, { First (Primary,) Second (Immediate,) }

Congenital Tuberculosis
Anemia

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Park Cemetery

Date of Burial,

April 28

Marbury Brewer

M. D.

Medical Attendant.

{ Undertaker, J. B. Cook

{ Place of Business, 407 West Baltimore

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

At No. 17214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

A. Atkinson M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 27

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Henry Zimmerman

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

10

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

117. Hamburg

Cause of Death,

{ First (Primary),
Second (Immediate). }

Congestion of the Lungs

Duration of Last Sickness,

3 Days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Central

Date of Burial,

April 29th 1877

Herndon Cook

M. D.

Medical Attendant.

Undertaker,

Julius Koehler

Address

146. Handover St

Place of Business,

on Sharp & Craft St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

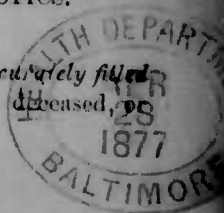
Board of Health, City of Baltimore,

No. 17216

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

April 28th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Bertina Mary Boland

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

38

Years,

11

Months,

27

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Housewife

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

18 years

Place of Death,

Give street and number.

137 Battery Ave

Cause of Death,

First (Primary),

Second (Immediate),

Abcess of Spleen

Duration of Last Sickness,

5 weeks

All the above information should be furnished by the Physician

Place of Burial,

St. Alphonsus

Date of Burial,

April 29 1877

Undertaker,

C. F. Krause

Place of Business,

Hanover St.

Address

108 S. Sharp St.



M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS



Permit No. 17217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th April.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Waits

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 6 Years, Months, Days.

Color, White, Sex, Male

Married, Single, Widowed ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 107 1/2 N Schroeder St.

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,) }

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Foulton Park, Co.

Date of Burial, April 28 1877

{ Undertaker, J. B. Blackiston & son
Place of Business, 606 Baltimore St }

Address 288 Madison Ave

M. D. N. W. C. M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17218



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Robert L. Featherstone

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Six Years,

two

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 75 - Curley St

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlet Fever

Dropsy

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Mt. Carmell Cemetery

Date of Burial, April 28th 1877

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton St.

E. J. Williams M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS 1877

No. 17219

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 28th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Henry Poole*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *43* Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Shoemaker*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Prussia Germany*

Duration of Residence in the City of Baltimore, *38 years*

Place of Death, { Give street and number. } *329 N. Durham St.*

Cause of Death, { First (Primary), Second (Immediate), } *Heart Disease*

Duration of Last Sickness, *9 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *April 29 1877*

Wm. L. Russell M. D. Medical Attendant.

{ Undertaker, *Henry H. H. H.* Address *Broadway*

{ Place of Business, *309 Central Ave. Madison St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucia Hurly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 27 Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Germantown

Date of Burial, April 28, 77

Undertaker, Wm. H. Chase

Place of Business, 48 Howard St

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17221

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 28th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Norris*

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, *7* Years, *18* Months, *18* Days.

Color, *Blk*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *#5 Saratoga Court*

Cause of Death, { First (Primary), Second (Immediate). } *Chronic Croup -*

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 28th 1877*

Undertaker, *P. Kummer*

Place of Business, *Mulberry St*

Address, *Commissioner of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Jane Shyer* his Mother [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Coada

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 416 E. Fayette St.

Cause of Death, { First (Primary,) Second (Immediate,) } Suffocative catarrh
Pneumonia
Two days

Duration of Last Sickness, Phil Reed

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, April 29th 1877 J. Hawville, M. D. Medical Attendant.

Undertaker, Hughes & Co

Place of Business, 65 S Broadway Address Balt. & Arch Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mila Ann Lee
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
 Age, 48 Years, Months, Days.
 Color, Colored Sex,
 Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, Cook
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Eastern Shore Md
 Duration of Residence in the City of Baltimore, 12 Years
 Place of Death, { Give street and number. } No 11 Haws St
 Cause of Death, { First (Primary,) Dropsy
 { Second (Immediate)
 Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
 Date of Burial, April 28 1877
 { Undertaker, J. H. Chase
 { Place of Business, No 11 Haws St
 Address No 23 Both St
 M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet Amelia Barrett

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 21 Years, Months, Days.

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 7 Moore Alley

Cause of Death, { First (Primary,) } Phthisis Pulmonalis
 { Second (Immediate,) }

Duration of Last Sickness, 3 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, April 28. 1877

{ Undertaker, J. E. Atkinson }
 { Place of Business, 209 W. Biddle St. }

J. E. Atkinson M. D.
 Medical Attendant

Address 209 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James & Catherine Dickinson
Sex, Male ~~Female~~, { Cross out the word not required in this line. } (Parents)
Age, _____ Years, _____ Months, one Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 248 Canton Ave
Cause of Death, { First (Primary,) Second (Immediate,) } Injuries received at Birth
Duration of Last Sickness, one day
All the above information should be furnished by the Physician.
Place of Burial, Mt Carmel
Date of Burial, April 28 1877
Undertaker, M. Francis
Place of Business, 280 Canton Ave
Address, Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs Mary E. Somers [OVER.]
McDewie

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th of April 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Fisher
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 5 Years, Months, 14 Days.
Color, White
~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, 24 years
Place of Death, { Give street and number. } Corn. of Eastern Ave. & Euterpe
Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) Suffocation
Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Alphonse Cemetery
Date of Burial, April 29th 1877
{ Undertaker, Peter Tray
Place of Business, 91 Eastern Ave
Address 245 E. Baltimore
M. D. J. Fisher
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Banks
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, Seventeen Years, Months, Days.
Color, Black
Married, Single, Widower or Widower, { Cross out the words not required in this line. }
Occupation, Domestic
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Somerset County Md.
Duration of Residence in the City of Baltimore, Six years
Place of Death, { Give street and number. } 244 Calvert St.
Cause of Death, { First (Primary.) } Consumption
{ Second (Immediate.) }
Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Peab Cemetery
Date of Burial, April 28th 1877
{ Undertaker, M. H. C. Perry }
{ Place of Business, Pratt St. }
John Hall M. D.
Southern Dispensary
Address 45 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 6 N. Castle St.

Cause of Death, { First (Primary,) Second (Immediate,) } Suffocative catarrh
Pneumonia
Typhoid

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus, G. G. Rust M. D.

Date of Burial, April 29th 1877

{ Undertaker, John Brown } Address Balt. & Wash. Sts.

{ Place of Business, 17 S. Wolf St. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ann Marie Kaiser

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

10 Months,

3 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore city Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

267 S. Durham St.

Cause of Death, { First (Primary.)
Second (Immediate,) }

Acute Pneumonia

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Chy.

Date of Burial,

April 29th

R. W. Hausfied

M. D.
Medical Attendant.

Undertaker, N. Troehlich

Place of Business, N^o. 246 Eastern Ave.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17230

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Apr 27. 77*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } *Ellen A Burns.*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *18* Years, *6* Months, *25* Days.

Color, *W.*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Domestic*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *350 William Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Scarlatina*

Duration of Last Sickness, *Four days*

All the above information should be furnished by the Physician.

Place of Burial, *St Patrick's Cem*

Date of Burial, *April 29/77*

{ Undertaker, *C. A. Krause*

{ Place of Business, *209 Hanover*

Address

L. J. ... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th of April 1892

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Marguerite Komberg

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 1 Years, 5 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Prussia

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 32 Liberty - Ave

Cause of Death, { First (Primary,) Eclampsia infantum
Second (Immediate,) _____

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, April 30, 92

{ Undertaker Geo Shilling
Place of Business, Monument St } Address

J. C. [Signature] M. D.
Medical Examiner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth Dixon

Sex, Female, { Cross out the word not required in this line. }

Age, about five Years, Months, Days.

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Caroline Co. Md.

Duration of Residence in the City of Baltimore, Eight Years.

Place of Death, { Give street and number. } No 33 St. Vincent St.

Cause of Death, { First (Primary,) Second (Immediate,) } Febrile Hemorrhage

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St.

Date of Burial, April 27 1877

Undertaker, Wm. S. Drungel

Place of Business, 1010 Stockton

Address 212 N. 1st St. M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17233

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Luther Martin Schaeffer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 32 Years, 9 Months, 2 Days.

Color, white Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Huckerster

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Carroll County

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and number. } No 46 Baker Street

Cause of Death, { First (Primary,) Cardiac dropsy
Second (Immediate,) }

Duration of Last Sickness, about 4 or 5 months

All the above information should be furnished by the Physician.

Place of Burial, Manchester Road J. H. Adams

Date of Burial, April 30th M. D.

{ Undertaker, J. B. Crook Medical Attendant.

{ Place of Business, 707 West Baltimore Ave Address 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 761

[OVER.]

BOARD OF HEALTH, CITY OF BALTIMORE,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 172 34

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Regina Kridger

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 70 Years, Months, Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Midwife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, { Give street and number. } 289 S. Bond St.

Cause of Death, { First (Primary,) Apoplexy
Second (Immediate,) }
Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 1 May 1877

Undertaker, John T. Finch

Place of Business, 265 West Avenue

Address, 94 S. Bond St.

Aug. H. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Schirmer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 75 Years, Months, Days.

Color, white Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, sailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, one year

Place of Death, { Give street and number. } No. 24 Holland St.

Cause of Death, { First (Primary,) Euphysema & bronchial catarrh
Second (Immediate,) general debility

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Apr. 28th 1877

Undertaker, Charles Rossmig

Place of Business, 136 E. Fayette St.

Address 165 W. Lombard Street

Mary Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years,

Color,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, April 30th

Undertaker, Windlin & Co.

Place of Business, 131 S. Bond St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr. 28th 1877.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Morgan

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female.

Age,

m

Years,

m

Months,

Twenty One

Days.

Color,

White.

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

m

Occupation,

m

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

City.

Duration of Residence in the City of Baltimore,

Three Weeks

Place of Death,

{ Give street and number. }

159 South Choptank St.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cemetery

Date of Burial,

April 29th 1877

D. C. Ireland

M. D.

Medical Attendant.

{ Undertaker,

H. M. Gilmeyer

Address

{ Place of Business,

340 Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *17238*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William B. Fettes

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, *four (4)* Years,

one Months,

eighteen Days.

Color, *White*

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

164. Orleans Street

Cause of Death, { First (Primary), }

Pneumonia Cruposa

{ Second (Immediate), }

Edema pulmonum

Duration of Last Sickness,

two weeks

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *April 30 1877*

{ Undertaker,

Las P Byrne

{ Place of Business,

63 Front St

S. J. Elmer

M. D.

Medical Attendant.

29. S. Sharp Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17239

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26, 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Stephen C. Culp
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 61 Years, — Months, — Days.
Color, Black
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, Laborer
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cambridge Md
Duration of Residence in the City of Baltimore, Three Years
Place of Death, { Give street and number. } No 15 N. Spring St.
Cause of Death, { First (Primary,) Bright Disease
Second (Immediate,) Acc. Fall and Thru Motion
Duration of Last Sickness, One Year and Three Months
All the above information should be furnished by the Physician.
Place of Burial, Dallas St Cem
Date of Burial, 29 April 1877
Undertaker, John W. Locke
Place of Business, 57 S. Wolff St Address 75 N. Broadway
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

April 2nd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sinthe Clinton Coleman

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Years,

11

Months,

10

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

182 S. Durham

Cause of Death,

First (Primary),
Second (Immediate),

Diphtheria
Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Lafayette Cem

Date of Burial,

April 29 1877

Undertaker,

John W. Socks

Place of Business,

59 S. W. 1st St

Address

W. A. Pittman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 29

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sophia Schell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

white

Months,

9

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

city

Place of Death, { Give street and number. }

49 Abbott St
Convulsions
Exhaustion
1 week

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, April 30 1877

{ Undertaker, Henry Hoch
Place of Business, 309 N. Central

H. Warner

M. D.

Medical Attendant.

Address

256 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 30

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

George R. Esler

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

6

Months,

14

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

5 Heath St.

Cause of Death,

{ First (Primary),
Second (Immediate), }

Measles

Capillary Bronchitis

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore cemetery

Date of Burial,

April 30, 1879

{ Undertaker,

Charles R. Howard

{ Place of Business,

161 Hanover St.

Address

146 Hanover St

Theodore Roda M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17243*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

28 April, 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sarah McJannet

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

27

Years,

Months,

Days.

Color,

white

Str.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Solemnizer.

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

New York

Duration of Residence in the City of Baltimore,

all of her life

Place of Death,

Give street and number.

22 Eager St. Bolton

Cause of Death,

First (Primary,)

Second (Immediate,)

Phtisis

Duration of Last Sickness,

One Year

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's cemetery

Howard Street

M. D.

Date of Burial,

Apr 30th

Medical Attendant.

Undertaker, *Mr. Byrne*

Place of Business,

52 Liberty St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT
APR 30 1877
AL STATISTICS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

CERTIFICATE OF DEATH.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases of the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 30 1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Years,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Sex,

Months,

Days.

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

Place of Burial, { All the above information should be furnished by the Physician. }

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachel J. Carter

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, — Months, — Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 288 S. Eutaw St

Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. Pub Cemetery

Date of Burial, April 30th 1877

{ Undertaker, M. H. C. Perry } James A. Stewart M. D.

{ Place of Business, 44 Pratt St } Address, Commis of Health

High Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Office Fairbanks on the Beat [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26 '77
Full Name of Deceased, { Write legible and spell correctly. If an infant not named, give names of parents. } Burnell Porter
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 34 Years, Months, Days.
Color, Colored Sex, male
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Don't know
Occupation, Convict
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Don't know
Duration of Residence in the City of Baltimore, 5 years
Place of Death, { Give street and number. } Maryland Penitentiary
Cause of Death, { First (Primary,) Dropsy
{ Second (Immediate,)
Duration of Last Sickness, 6 months
All the above information should be furnished by the Physician.

Place of Burial, E Placentia
Date of Burial, April 27
Undertaker, Charles Sturgeon
Place of Business, Pratt & Hunter St
Address 156 Eager St
J B Boyle M. D. Medical Attendant.
W. H. McKim

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited.

Board of Health, City of Baltimore,



OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 30th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Clifford Booz

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

20 hours

Days.

Color,

White

Sex,

Male

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

No 155 Conway St
Premature Birth

Cause of Death, First (Primary),
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Beth Cemetery

Date of Burial,

April 30th

J. C. Burch

M. D.

Medical Attendant.

Undertaker,

Johnston & Son

Place of Business

263 Light St.

Address

141 Hancock St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *17249*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sunday April 29th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Henry Perkins*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *1* Years, *6* Months, *2* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *18 Mo 2 days*

Place of Death, { Give street and number. } *162 N. Eden St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *3 Days*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 1st 1877*

Undertaker, *Thos. H. Hickman*

Place of Business, *234 N. Gay St.*

Address *162 N. Eden St.*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17250

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Isabella K. Post

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 39 Years,

Months,

Days.

Color, W

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, School Teacher

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

197 N. Biddle

Cause of Death, { First (Primary,) Second (Immediate,) }

Plasia

Duration of Last Sickness,

Several Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery,

Date of Burial, May 1st 1877

Undertaker, Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave

Address

23 N. Calver St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **17257**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 28th 1877
E. V. Niel

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

1 Years,

Color,

Colored

Months, **25**

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

20 Dawson St

Cause of Death, { First (Primary.)
Second (Immediate.) }

**Scrophulous
Exhaustion
7 weeks**

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

W. B. Griffith

M. D.

Medical Attendant.

Address **60 McCulloch St**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 29 am

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martin Cook

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 4 Months, Days.

Color, Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } U S

Duration of Residence in the City of Baltimore, Natln

Place of Death, { Give street and number. } No 16 Union St

Cause of Death, { First (Primary,) Second (Immediate,) } Dysentery
Spasms

Duration of Last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, May 1, 1914

{ Undertaker, Place of Business, } W. H. Shaw

Address 192 Pearl St

M. D. Astor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17283

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 29th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Charles Smith

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

7

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

714 Harris St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

of Fall
Concussion of the Brain
About 10 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Baltimore Cem

Date of Burial,

May 1st 1877

{ Undertaker,

Julius Koehler

{ Place of Business,

Box Sharp & Croft St.

Address

582 N. Fayette St

W. R. McClure

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 April 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Florence Reinhardt

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 8 Years, 8 Months, 27 Days.

Color, White Sex, Single

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 20 Howard St

Cause of Death, { First (Primary,) Second (Immediate,) } Apoplexy

Duration of Last Sickness, 26 hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 30 1877

{ Undertaker, W. S. Tickner

{ Place of Business, —

Address

J. Schmitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John & Martha Thomas

Sex, ~~Male~~ Female, { Cross out the word not required in this line. } Parents

Age, _____ Years, _____ Months, 3 Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Bald City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 213 Hamburg St

Cause of Death, { First (Primary,) Premature Birth (7 months) }
{ Second (Immediate,) Asthenia }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp S. Cemetery

Date of Burial, April 30 1877 M. D.

Undertaker, Hercules Ross

Place of Business, West St Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

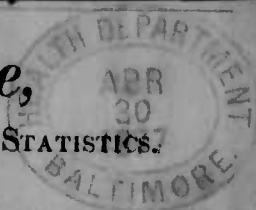
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Thomas the Father

Board of Health, City of Baltimore,

Permit No. *17286*

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Metzendorf

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, *78* Years,

— Months,

— Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widower

Occupation,

Fisherman

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

107 Johnson St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cramp Colic. Enteritis
10 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet Cemetery*

Date of Burial, *April 30th 1877*

{ Undertaker, *Charles F. Herold*

{ Place of Business, *161 Hanover Street*

R. C. Lee M. D.
N. W. Cor
Address Hanover & Barr Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David Harrigan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 4 Months, 12 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Balt. Md. Since birth

Place of Death, { Give street and number. } 148 S. East Ave.

Cause of Death, { First (Primary,) Scarlet fever
Second (Immediate,) Marasmus

Duration of Last Sickness, Nine weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, April 30th 1877

{ Undertaker, James, D. Byrne

{ Place of Business, 110 62 N. Front St.

J. Shawille, M. D.
Medical Attendant.

Address Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17258

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Ruhl

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 Years,

Color, white

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 11 Stockton St.

Cause of Death, { First (Primary,) Second (Immediate,) } Softening of the Brain - (non-inflammatory)

Duration of Last Sickness, 5 or 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, May 1, 1897

{ Undertaker, J. J. Chalmers

{ Place of Business, 262 Penna av

Address 89 Greene St

M. D.

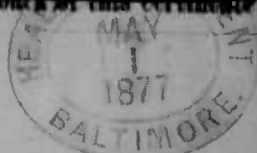
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17259

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 30/77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Margaret E. Spicker

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Female

Age,

1

Years,

3

Months,

11

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

268 Mulberry St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Pertussis, with Bronchial Catarrh & C.,
Convulsions.

Duration of Last Sickness

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 2^d 1877

H. R. Fetterhoff

M. D.

Medical Attendant.

{ Undertaker, Adam Weidemeyer

{ Place of Business, 518 1/2 W. Baltimore St.

Address

77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17260

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 48 Years,

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1 1877

Undertaker, J. J. Shultz

Place of Business, 48 Howard St

Address, 200 S. E. St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 30th 1877

Full Name of Deceased,

Robert Lee Taylor

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

6

Years,

2

Months,

4

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

730 Neander St

Cause of Death,

{ First (Primary),
Second (Immediate). }

Whooping Cough
Pneumonia

Duration of Last Sickness,

About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Notin Cem

Date of Burial,

May 1st

{ Undertaker,

Wm. J. Tichenor

{ Place of Business,

65 S. Eutamia St

Address

582 N. Gay St

W. R. McKim

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,



Permit No. 17262

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Higgins

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, 4 Months, Days.

Color, Colored Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Westmont Co. Va.

Duration of Residence in the City of Baltimore, 6 years.

Place of Death, { Give street and number. } 64 Mulliken St

Cause of Death, { First (Primary,) } Malignant Angina
{ Second (Immediate,) } 10 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 30th 1877

Undertaker, John W. Lock

Place of Business, 88 S. Wolfe St

Address Cor Broadway & Pratt

Medical Attendant, M. D. J. M. Carter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,



Permit No. 17263

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Francis
Sex, Male or Female, { Cross out the word not required in this line. } male
Age, Seventy-five Years, _____ Months, _____ Days.
Color, D Sex, _____
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, Keeper of Sailer's Boarding House
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Portugal
Duration of Residence in the City of Baltimore, Fifty years
Place of Death, { Give street and number. } 114 1/2 Eastern Ave
Cause of Death, { First (Primary,) Asthma
Second (Immediate,) Enlargement of Heart }
Duration of Last Sickness, Not known - seen only once
All the above information should be furnished by the Physician.
Place of Burial, Swan's Creek
Date of Burial, May 1 1877
{ Undertaker, John W. Locks }
{ Place of Business, 57 S. Wolfe St }
Address 116 E. Fayette St
Whitfield W. May M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17264*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Marion Adelaide Young

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

5 Years,

10 Months,

18 Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt^o City

Duration of Residence in the City of Baltimore,

5 years. 10 mos 18 days

Place of Death, { Give street and number. }

154 N. Mid Hill Av

Cause of Death, { First (Primary,)
Second (Immediate.) }

*Scarlet fever
Convulsions & Toxaemia*

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial,

Western cem

R. Winslow

M. D.

Date of Burial,

May 1. 1877

Medical Attendant.

{ Undertaker,

C. H. Blizzard

Address

234 Madison Av

{ Place of Business,

201 Pen av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *17265*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 29 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Susan Jones*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *3 months* Years, *3 months* Months, Days.

Color, *Black* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Stockton Alley*

Duration of Residence in the City of Baltimore, *3 months*

Place of Death, { Give street and number. } *Robt. Repub. & Stockton Alley*

Cause of Death, { First (Primary), Second (Immediate), } *Sclerotic Condition*
Indigestion, Irritation

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Trinit Cemetery*

Date of Burial, *May 1 1877* *H. N. Shaffer* M. D.
Medical Attendant.

{ Undertaker, *William J. Lloyd* Address *11 S. Hollington Ave*
Place of Business, *10 10 Stockton*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17266

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30 1897
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Franklin
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 63 Years, — Months, — Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } married
Occupation, —
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany
Duration of Residence in the City of Baltimore, 37 years
Place of Death, { Give street and number. } 796 W. Ball & Co.
Cause of Death, { First (Primary.) } Cancer of Stomach
{ Second (Immediate.) }
Duration of Last Sickness, 13 months
All the above information should be furnished by the Physician.
Place of Burial, Eden St Synagogue
Date of Burial, May 27 Abraham H. Arnold M. D.
Medical Attendant.
{ Undertaker, Wm. W. Leonard & Son }
{ Place of Business, 782 W. Baltimore } Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 1. 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.

Catharine Toner.

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 95. Years,

Color, White. 4. Months,

6. Days.

Married, ~~Single~~, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Carroll County

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, Give street and number.

N. 247. Mulberry St.

Cause of Death, First (Primary.)
Second (Immediate.)

Old Age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park.

Date of Burial, May 2nd 1877.

Undertaker, Chas. T. Scriven

Place of Business, 271. N. Calaw St.

L. C. Horn.

M. D.

Medical Attendant.

Address N 226. Mulberry St.
Jm. G. W. H.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17268

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. George Betts

Sex, Male or Female, Cross out the word not required in this line. Male

Age, Years, 3 Months, Days.

Color, white

Married, Single, Widow or Widower, Cross out the words not required in this line. Single

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. 256 Canton Avenue

Cause of Death, First (Primary,) Second (Immediate,) Convulsions

Duration of Last Sickness, always delicate & sickly

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 1 1877

Undertaker, M. France

Place of Business, 283 Canton Ave

Address, Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by M. France Undertaker

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha J. M. Eldridge
Sex, Male or Female, { Cross out the word not required in this line. }
Age, Twenty Four Years, Eight Months, Days.
Color,
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto. City
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, { Give street and number. } No 533 N. Gay St.
Cause of Death, { First (Primary,) Organic disease of Heart
Second (Immediate,) general anasarca
Hypertrophy & Gangrene of left ventricle
Duration of Last Sickness, Nine years

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemt
Date of Burial, May 2 - 1877
{ Undertaker, John I. Rodenmayr
Place of Business, cor. Second and Ave }
Address 341 N. Broadway
M. D. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17270

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1877 12¹/₂ M. M.
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Eliza Chandler
 Sex, Male or Female, { Cross out the word not required in this line. } Female
 Age, _____ Years, 5 Months, _____ Days.
 Color, Colored Sex, Female
 Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single
 Occupation, _____
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
 Duration of Residence in the City of Baltimore, _____
 Place of Death, { Give street and number. } 73. North St
 Cause of Death, { First (Primary,) _____
 { Second (Immediate,) _____
 Duration of Last Sickness, _____
 All the above information should be furnished by the Physician.
 Place of Burial, _____
 Date of Burial, May 1st 1877
 { Undertaker, _____
 { Place of Business, _____
 N. S. Keule M. D. Medical Attendant.
 Address N. E. cor North & Saratoga Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17271

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Eva B. Craig

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

1

Years,

4

Months,

22

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

14501 Montross

Cause of Death, { First (Primary,) Second (Immediate,) }

Pertussis
Pneumonia

Duration of Last Sickness,

16 Days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cemetery

Date of Burial,

May 2nd 1877

M. D.

Medical Attendant

Undertaker,

Charles F. Herold

Place of Business,

161 Lancaster Street

Address

203 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jacob Vitzthum

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

0

Months,

~~Months~~

16 Days

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

Harford road

Cause of Death, { First (Primary.)
Second (Immediate.) }

Tubercular meningitis

Duration of Last Sickness,

Exhaustion

All the above information should be furnished by the Physician.

~~Days~~ 2 weeks

Place of Burial, Baltimore Cemetery

Date of Burial, May 2nd 1877

Undertaker, Chas. Reisinger

Place of Business, 136. E. Bay St.

Address

256 N. E. St.

A. A. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14, 1877
Full Name of Deceased, Louis S. Heiser
Sex, Male or Female, Male
Age, 3 Years, 20 Months, Days.
Color, White
Married, Single, Widow or Widower, Cross out the word not required in this line.
Occupation,
Birthplace, Baltimore, Md.
Duration of Residence in the City of Baltimore, Life time
Place of Death, 222 N. Wall St.
Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,) Erysipelas Sanguinosa
Duration of Last Sickness, One Month
All the above information should be furnished by the Physician
Place of Burial, Balt. Cemetery
Date of Burial, May 2nd 1877
{ Undertaker, Geo. J. Hughes
{ Place of Business, 44 E. Baltimore
Address, C. E. Johnson, M. D.
Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 172 74

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 1st.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth Ray

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

26

Years,

Months,

Days.

Color,

White

Sex,

Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Tacket Co. Ind

Duration of Residence in the City of Baltimore,

7 yrs.

Place of Death, { Give street and number. }

4 Woodhewer St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Harmenago
Pneumonia Rict

Duration of Last Sickness,

20 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 2nd 1877

{ Undertaker, Adam Weidenmeyer

{ Place of Business, 578 1/2 W. Baltimore St.

Address

A. Tinsley

M. D.

Medical Attendant.

4154 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles & Mary Shoemaker
Sex, ~~Male~~ Female, { Cross out the word not required in this line. } Parents
Age, _____ Years, _____ Months, 15 hours
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto. City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 249 Sharp St.
Cause of Death, { First (Primary,) Second (Immediate,) } Convulsions
Duration of Last Sickness, all its life
All the above information should be furnished by the Physician.
Place of Burial, Holy Cross
Date of Burial, May 2nd 1877
{ Undertaker, C. F. Herbold, Address Commis of Health }
{ Place of Business, Hanover St Registrar }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charles Shoemaker [OVER.]
Father

Board of Health, City of Baltimore,



Permit No. 17276

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jennie Carter Roons

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Two Years, Six five Months, 20 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No. 36 S W. Cor Fayette + Holiday St

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery.

Date of Burial, Diphtheria

John Morris M. D.
Medical Attendant.

{ Undertaker, John H. Weaver

{ Place of Business, #22 N. Fayette St

Address No. 5, Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special resolution of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 17277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Amilia Ann Merritt*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 90 Years, Months, Days.

Color, Sex,

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Kent County, Md*

Duration of Residence in the City of Baltimore, 58 years

Place of Death, { Give street and number. } *No 90 N. Dallis St*

Cause of Death, { First (Primary,) *old age*
Second (Immediate,) }

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, *Asbury over green*

Date of Burial, *May 2 1877*

H. Merritt

M. D.

Medical Attendant.

{ Undertaker, *Wm N Dingle*

{ Place of Business, *No 62 East St*

Address *No 23 Both St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17278

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Nichols

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

12

Days.

Color, Mulatto

Sex,

Male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

No 1 Thompson St.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 1 Thompson St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Secondary Apudical Hemorrhage

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

A. E. Stein

M. D.

Date of Burial, May 2 1877

Medical Attendant.

{ Undertaker, Wm N Jung

Address

195 N. E. Ave. St.

{ Place of Business, No 62 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Grace E Beckmyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Three Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } W. Millman St

Cause of Death, { First (Primary,) Hereditary
Second (Immediate,) Consumption

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 3rd

Wilton Taylor M. D.
Medical Attendant.

{ Undertaker, W. W. Frey

{ Place of Business, Fayette & B. Way

Address 16 Eldon & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1st of May 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Englebert Gallion
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 20 Years, 8 Months, 7 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Laborer
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, 2 1/2 years
Place of Death, { Give street and number. } 154 S. Spring Street
Cause of Death, { First (Primary,) Garro - enteritis
Second (Immediate,) misereere
Duration of Last Sickness, 8 days
All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemetery
Date of Burial, May 3
Undertaker, Wm. H. Hademann Address 245 S. Baltimore
Place of Business, 26 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Monday April 30th*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Basil Brown*
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, *45* Years, _____ Months, _____ Days.
 Color, *Negro* Sex, *Male*
 Married, Single, Widowed, { Cross out the words not required in this line. } *Married*
 Occupation, *Writer*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *unknown*
 Duration of Residence in the City of Baltimore, _____
 Place of Death, { Give street and number. } *No 8 S. Pine St*
 Cause of Death, { First (Primary,) *Phthisis Pulmonalis*
 { Second (Immediate,) _____
 Duration of Last Sickness, *Two months*
 All the above information should be furnished by the Physician.
 Place of Burial, *Laurel Cemetery*
 Date of Burial, *May 2 77*
 { Undertaker, *S. H. H. H. H. H.*
 { Place of Business, *195 Howard St*
 Address *51 S. Calvert St*

E. S. McW M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, / Years, 4 Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17283

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 1st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Magpie Jager*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *23* Years, *5* Months, *20* Days.

Color, *White*

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Teacher*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *York, Penna*

Duration of Residence in the City of Baltimore, *8 years*

Place of Death, { Give street and number. } *W. Pratt St. No 970*

Cause of Death, { First (Primary,) Second (Immediate,) } *Enteritis*

Duration of Last Sickness, *8 Months and 3 Days*

All the above information should be furnished by the Physician.

Place of Burial, *W. H. Phillips*

Date of Burial, *May 3rd*

{ Undertaker, Place of Business, } *J. P. Paulus*

Address *116 Columbia St.*

J. L. Budenbender M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

13 Days.

Color,

Colored

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,)
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 1st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Robert W. Mahoney*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *29*, Years, Months, Days.

Color, *Mulatto*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Waiter*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Washington*

Duration of Residence in the City of Baltimore, *one year*

Place of Death, { Give street and number. } *No 30 Rose st.*

Cause of Death, { First (Primary), Second (Immediate), } *Suicide, by hanging*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St. Cemetery*

Date of Burial, *May 2nd 1877*

{ Undertaker, *Wm. H. B. B. B.*

{ Place of Business, *103 South Hill St.*

Geor. Ogle Connor M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Warner

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 68 Years, — Months, — Days.

Color, white Sex, female

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Boston

Duration of Residence in the City of Baltimore, about 65 years

Place of Death, { Give street and number. } 10 Weber St

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,) }

Duration of Last Sickness, for years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Court, Paul & Balch M. D.

Date of Burial, May 2nd 1877

{ Undertaker, Joseph F. Byrne Address 175 St Paul St
{ Place of Business, 59th Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17287

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Jos. A. Baldwin

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 9 4 ? Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Insurance Adjuster

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Va

Duration of Residence in the City of Baltimore, 8 or 9 years

Place of Death, { Give street and number. } W U Hospital

Cause of Death, { First (Primary)... Suicide while temporarily insane
Second (Immediate)... Pistol shot wound thru right temple }

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, Winchester

Date of Burial, May 3/77

Edmund R. Walke

M. D.

Medical Attendant.

{ Undertaker, Stuart & Mendenhall }

{ Place of Business, 30 Park St. }

Address Corner M. P. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 763

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17288,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 2nd 1874

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Hellie Hamilton Jones

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

6

Years,

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

6 years

Place of Death,

Give street and number.

120 N. Green

Cause of Death,

First (Primary),

Second (Immediate),

Scarlatina Anginosa

Duration of Last Sickness,

4 1/2 days

All the above information should be furnished by the Physician.

Place of Burial,

Frederick Md

Date of Burial,

May 3rd 1874

Undertaker,

W. H. K. K. K.

Place of Business,

22 Fayette St

J. M. Wall

M. D.

Medical Attendant.

Address

18 J. E. E. E.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 764

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17289

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Groves

Sex, Male or Female, { Cross on the word not required in this line. } Female

Age, About 58 Years, Months, Days.

Color, Colored

Sex, female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 16 Jefferson St

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis

Duration of Last Sickness, Gave up work 2 months ago

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 3, 79

Undertaker, S. M. Brown

Place of Business, 488 Howard St Address

Wm. Whitridge M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 25 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ann. A. Bunting

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

77 Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

St Marys Co. Md

Duration of Residence in the City of Baltimore,

60 years

Place of Death,

{ Give street and number. }

12 S. Stricker

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Bronchitis & Asthma

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

4th May 1877

Undertaker,

H. R. Jenkins

Place of Business,

10 Light St

Edw. J. Nicholson M. D.
Medical Attendant.

Address 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 1st 1877 & Apr.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Robert H. Ayers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 30 Years, 3 Months, 16 Days.

Color, ~~ed~~

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Home wife

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

88 Stiles St

Cause of Death, { First (Primary,) Second (Immediate,) }

Bilious fever

Compulsive phlegm

Duration of Last Sickness,

Attended her two days

All the above information should be furnished by the Physician.

Place of Burial,

General cemetery

Date of Burial,

May 2.

{ Undertaker,

John M. Lohr

{ Place of Business,

1159 S. Wolfe

Address

11 S. High St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard & Susie Butler

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 17 Days.

Color, Blk.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 13 Branen's Ct

Cause of Death, { First (Primary,) Malnutrition
Second (Immediate,) Spasms }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, May 3rd 1877

{ Undertaker, A. Warfield } James A. Stearns M.D.

{ Place of Business, Dover St } Address, Comms of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Anne Johnson Midwife [S.E.R.]

Board of Health, City of Baltimore,

Permit No. 17293

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John R. Vandy

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Pilot.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 23 S. Chester St.

Cause of Death, { First (Primary,) Albuminuria
Second (Immediate,) Anasarca }
five months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, May 4th 1877

{ Undertaker, Geo. Hughes } Address, Balt. & Phil. Ch.

{ Place of Business, 60 E. Baltimore }
A. Claville, M.D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17294

MAY
3
1877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Priscilla Donaldson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 84 Years, Months, Days.

Color, White

~~Married, Single, Widow~~ { Cross out the word not required in this line. } Widow

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number } No 75 Elliott St

Cause of Death, { First (Primary,) Second (Immediate,) } (old age)

Duration of Last Sickness, 16 weeks

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 4th 1877

Undertaker, Hughes & Co

Place of Business, 45 S Broadway

Thomas J. Evans M. D. Medical Attendant

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2^d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Harvey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 59 Years, 5 Months, 19 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States. If of foreign birth. } Cecil Co. Maryland

Duration of Residence in the City of Baltimore, About 32 years

Place of Death, { Give street and number. } No 144 Penn^a Avenue

Cause of Death, { First (Primary,) Second (Immediate,) } Apoplexy

Duration of Last Sickness, About twelve months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 4th 1877

{ Undertaker, Jacob Weaver

{ Place of Business, Nos 4 & 6 Druid Hill Ave

Address

M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17296

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *3^d of May*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Martin Guntter*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Fifty two* Years, Months, Days.

Color, *White* Sex,

Married, ~~Single, Widowed or Widower~~, { Cross out the words not required in this line. }

Occupation, *Barber*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Banania*

Duration of Residence in the City of Baltimore, *Thirty one years*

Place of Death, { Give street and number. } *134 Linden Ave.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Inguinal Hernia*
Strangulated inguinal Hernia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*

Date of Burial, *May 5th 1894* *W. C. Van Bibber* M. D.
Medical Attendant.

{ Undertaker, *Chas. J. Krivner* Address *47. Franklin St.*

{ Place of Business, *2718 E. Ave. St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert Berkes.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Eighteen Years, Nine Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Carpenter.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Prussia Germany.

Duration of Residence in the City of Baltimore, Four Years.

Place of Death, { Give street and number. } No 173 Durham St.

Cause of Death, { First (Primary), Second (Immediate), } Dropsy.

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery.

Date of Burial, May 3rd 1877

Undertaker, H. Eckhard

Place of Business, 269 Canton St.

Nicholas L. Gashill, M. D. Medical Attendant.

Address No 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17298

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Elfre

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Sixty nine Years, Months, Days.

Color, White Sex,

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 59 Leumore Street

Cause of Death, { First (Primary,) Second (Immediate,) } Paralysis

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Chas W Neff M. D.

Date of Burial, May 5 H Medical Attendant.

{ Undertaker, Wm. M. Leonard & Son Address 306 N. Fayette Street

{ Place of Business, 782 N. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret - Regan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 28 Years,

Months,

Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore, seven months

Place of Death, { Give street and number. }

66 S - Oregon St

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthisis

Duration of Last Sickness,

Three months

All the above information should be furnished by the Physician

Place of Burial, St Peter's Cemetery

Date of Burial, May 3

Undertaker, J. B. Cook

Place of Business,

707 West Baltimore St

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

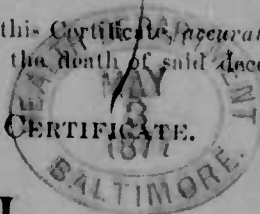
Board of Health, City of Baltimore,

Permit No. *17300*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

May 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Arthur Herman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

1

Years,

9

Months,

2

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

492. Light St

Cause of Death, { First (Primary,) Second (Immediate,) }

Congestion of the Brain
16 Hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Central B

Date of Burial,

April 4 1877

Herbert Cook

M. D.

Medical Attendant.

{ Undertaker,

Charles P. Henry

Address

146 - Hancock St

{ Place of Business,

161 - Hennings St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ruth Leonard

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

24 Years,

/ Months,

Days.

Color,

white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) }

Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number. }

254 S. Dusham St.

Cause of Death, { First (Primary), }

Second (Immediate),

Phthisis pulmonalis

Duration of Last Sickness,

One year.

All the above information should be furnished by the Physician.

Place of Burial,

W. E. Phil R. C. Cem

Date of Burial,

May 3rd 1877

Aug. F. Esich

M. D.

Medical Attendant.

{ Undertaker,

W. A. Daiger

{ Place of Business,

74 S. Burg

Address

94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17302

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 29 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Isiah Mason

Sex, Male or ~~Female~~ { Cross out the word not required in this line. }

Age,

Years,

7 Months,

Days.

Color,

Col d.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

203 Hamburg St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Convulsions

Duration of Last Sickness,

1 day

All the above information should be furnished by the Physician.

Place of Burial, Lane Cemetery

Date of Burial, May 31

{ Undertaker, H. Williams, B.O.S.

{ Place of Business, 180 West C. St.

R. J. H. Tall

M. D.

Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17303

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2^d 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Anna Barnett

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 60 Years, Months, Days.

Color, Blk

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 18 N. Durham Street

Cause of Death, { First (Primary.) Second (Immediate.) } Consumption
Hemorrhage

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, May 4th 1877

Undertaker, The J. L. Locks

Place of Business, 56 Jefferson St

Address, Commr of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Theodore Locks Undertaker

Board of Health, City of Baltimore,

Permit No. 17304

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Victor Lehmann

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 26 Years, Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 3 1/2 Years

Place of Death, { Give street and number. } Hebrew Hospital

Cause of Death, { First (Primary,) Last Intercourse Exhaustion
Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Eden H Hebrew Cemetery

Date of Burial, May 4th 77

{ Undertaker, J. J. Egan
Place of Business, 101 Gough St

Address, 29 S. Sharp

Dr. J. J. Egan M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 173.05

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2. 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nellie Bramblett

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, 11 Months, 11 Days.

Color, White

Married, Single, ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bulls Gro

Duration of Residence in the City of Baltimore, 11 mos 11 days

Place of Death, { Give street and number. } 72 N. Pennant St

Cause of Death, { First (Primary.) Pneumonia & Peritonitis }
{ Second (Immediate.) }

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician

Place of Burial, Linden Park Cemetery

Date of Burial, May 4th

Undertaker, P. Pennant

Place of Business, 317 Mulberry St

Address, 349 Green St
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS
BALTIMORE

Permit No. 17306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3. 97

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Am. Leach Steesh

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 380 Starford Ave.

Cause of Death, { First (Primary.) Diphtheritic Scarlatina
Second (Immediate,) Apneal

Duration of Last Sickness, 5 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 5 1897

Undertaker, { Plaintiff Moroven

Place of Business, { Park Ave Address 2305 Maryland

Geo. A. Hartman, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 17307

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2^d 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Miller Howard

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 75 Years,

Color, Black

Months,

Days.

~~Married~~, Single, Widow or ~~Widower~~, Cross out the words not required in this line.

Occupation, Cook

Birthplace, State or country (and how long in the United States, if of foreign birth.) Hartford Conn

Duration of Residence in the City of Baltimore, 70 years

Place of Death, Give street and number. 49 St Marys st

Cause of Death, (First (Primary), Second (Immediate,)) Heart disease

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, New sharp st

Date of Burial, May 4 1877

Undertaker, Wm D Purcell

Place of Business, No 62 East st

Address 93 Park ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17308

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 2nd 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *John Thomas Rodgers*

Sex, Male or Female, Cross out the word not required in this line. *Male*

Age, *16* Years, *1* Months, *1* Days.

Color, *Black* Sex, *Male*

Married, Single, Widow or Widower, Cross out the words not required in this line. *Single*

Occupation, *House*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, Give street and number. *201 Chestnut Street*

Cause of Death, First (Primary,) Second (Immediate,) *Consumption*

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *May 4 1877* M. D.

Undertaker, *Wm. A. Hingle* Address *132 N. Calvert St.*

Place of Business, *do 62 East St.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29/77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Walter G Taylor*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *7* Years, *9* Months, *9* Days.

Color, *White* Sex, *Male*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *182 Mosher St.*

Cause of Death, { First (Primary,) *Enteritis*
Second (Immediate,) _____

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *E. Shore Va.*

Date of Burial, *May 2 1877*

{ Undertaker, *C. H. Blizzan*
Place of Business, *Permit Ave*

Address *396 N Fayette St*

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Special

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17310

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 3rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Wm L Hymann*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *52* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Wheelwright*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *Entire life time*

Place of Death, { Give street and number. } *545 Hartford Avenue*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis Pulmonalis*

Duration of Last Sickness, *Chronic Valetudinarian*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 7th 1877*

Undertaker, *Wm. R. Hickman*

Place of Business, *2340th Gay St*

Address, *D W Webster Catharine* M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia A. Jones
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 3 Years, 3 Months, 15 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Annapolis
Duration of Residence in the City of Baltimore, 2 mos
Place of Death, { Give street and number. } Cor Gilmer & Preston
Cause of Death, { First (Primary), Second (Immediate), } Real Nutrition
Duration of Last Sickness, 6 weeks
All the above information should be furnished by the Physician.
Place of Burial, Funderburk
Date of Burial, May 4
{ Undertaker, C. H. Lippard }
{ Place of Business, 201 Penn } Address 248 Madison Ave
Thos. S. Lattimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *17312*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 2nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mollie Maule.*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, _____ Years, *26* Months, _____ Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *Prob. Inf. Asylum*

Cause of Death, { First (Primary,) Second (Immediate,) } *Mal. nutrition
Gastr. Enteritis*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *May 4*

{ Undertaker, _____
Place of Business, *201 N. ...*

C. F. Brown M. D.
Medical Attendant.

Address *241 Linden av*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17313

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matthias Anna Crouch

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, _____ Years, _____ Months, one Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 161 S. Green St

Cause of Death, { First (Primary,) Premature Birth (7 1/2 mos)
Second (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 5th 1877

Undertaker, Matt Crouch

Place of Business, 161 S. Green St

Address, Commos of Health & Registrar

James A. Stenard M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Lucy Sidney Needwirth [OVER.]

Board of Health, City of Baltimore,

MAY 4 1877
BALTIMORE

Permit No. 17314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

3d May 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Fenniah Ottomer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

4 Years,

Months,

Days.

Color,

white

Sex,

Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

114 Warner St.

Cause of Death, { First (Primary,)

Whooping Cough

{ Second (Immediate,)

Pneumonia

Duration of Last Sickness,

Can't say, only having tender her 2 days.

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cem

Date of Burial,

May 4th 1877

John Hood

M. D.

Medical Attendant.

{ Undertaker, Julius Roehler

Address

274 Hollins St.

{ Place of Business, Bar Sharp & Co's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

MAY
4
1877
BALTIMORE

Permit No. 17315

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

~~April~~ May 3^d

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Preis

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

16 Years,

10 Months,

Days.

Color,

~~white~~

Sex,

female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

170 Sarah Ann

Cause of Death, { First (Primary),
Second (Immediate), }

Influenza. Rheumatism
Anoxia

Duration of Last Sickness,

4 months.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 5th

M. B. P. Rimmer
Medical Attendant

{ Undertaker,

P. Rimmer

{ Place of Business,

317 Mulberry St.

Address

137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

4
1877
BALTIMORE.

Permit No.

17316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 3rd 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ida May Stipney

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

about 5 Months,

Days.

Color,

colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

38 Pine street

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Convulsions

Duration of Last Sickness,

about 1 week

All the above information should be furnished by the Physician

Place of Burial,

Laurel Cemetery

Date of Burial,

May 5 1877

{ Undertaker,

W. H. Chase

{ Place of Business,

178 1/2 Howard St

Address

143 Mulberry street

A. Darling

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 3d 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mrs Kate Dobler*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *40* Years, Months, Days.

Color, *White* Sex, *Female*

Married, ~~Single, Widower, Widowed~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *74 Aspineth Street*

Cause of Death, { First (Primary), Second (Immediate), } *Fibroid Tumor of the Uterus Peritonitis*

Duration of Last Sickness, *Between 2 & 3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery*

Date of Burial, *May - 6 - 77*

Undertaker, *John J Rodenager* Address *146 Park St.*

Place of Business, *Cir Greenmount and Monument St*

W. H. Wilson M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,
OFFICE OF REGISTRAR OF VITAL STATISTICS.
Permit No. 17318
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jessie Howard
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 54 Years, Months, Days.
Color, Colored
Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Reisterstown
Duration of Residence in the City of Baltimore, 5 years
Place of Death, { Give street and number. } 127 Chestnut Alley
Cause of Death, { First (Primary.) } Phthisis Pulmonalis
{ Second (Immediate.) }
Duration of Last Sickness, About 6 Months
Place of Burial, Reisterstown
Date of Burial, May 4th 1877
{ Undertaker, Ed Selger }
{ Place of Business, }
Address 143 Mulberry street
M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Budget Henry
 Sex, Male or Female, { Cross out the word not required in this line. } Female
 Age, 70 Years, Months, Days.
 Color, White
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. City
 Duration of Residence in the City of Baltimore, 43 years
 Place of Death, { Give street and number. } No. 16 S. Wash. St.
 Cause of Death, { First (Primary.) Second (Immediate.) } old age
 Duration of Last Sickness,
 All the above information should be signed by the Physician
 Place of Burial, St. Vincent's
 Date of Burial, May 5th 1877
 { Undertaker, M. A. Dargis
 Place of Business, 74 S. Bimber }
 Address 241 E. Pratt St.

M. J. Gatz M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17320

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May - 3rd 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Betz.
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 63 Years, _____ Months, _____ Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. } widow
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany -
Duration of Residence in the City of Baltimore, 3 years -
Place of Death, { Give street and number. } 120 S. Wolf
Cause of Death, { First (Primary), Second (Immediate), } Cancer of Stomach
Duration of Last Sickness, about 5 or 6 months
All the above information should be furnished by the Physician.
Place of Burial, St. Paul's Cemetery
Date of Burial, May 5th at 10 o'clock
(Undertaker, J. J. Lander) A. S. Bohne M. D.
Place of Business, 252 Canton Ave. Address 86 E. Fayette St.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1732/

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A/PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

4th May 1877.

Full Name of Deceased,

{ Write legibly and fill correctly. If an Infant not named, give names of parents }

William Jordan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

Years,

white

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

during lifetime

Place of Death, { Give street and number. }

Canton Avenue 143.

Cause of Death,

{ First (Primary,)
Second (Immediate,)

Shorbilli

Bronchitis

2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

German Unitat St. Pauls Cemetery

Date of Burial,

5th May 1877

{ Undertaker,

Wm. Nicolais

{ Place of Business,

258 Alice Ann St.

Address

S. Wolfert, 112.

William Heasel

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17322

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 3rd 1877

Full Name of Deceased, { Write fully and spell correctly. If an infant not named, give names of parents. }

Elizabeth Beutelspacher

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 70 Years,

Color, White

Months,

Sex,

Female

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto. Co Maryland

Duration of Residence in the City of Baltimore,

20 years

Place of Death, { Give street and number. }

No. 8 S. Arlington Ave,

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Morbus
Old Age

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial, May 6 1877

Undertaker, Chas. J. Heinen

M. D.

Medical Attendant.

Place of Business, 2717 Eastern St

Address

187 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

MAY 5 1877
BALTIMORE

Permit No. 17323

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos. Thaddeus. Eisner.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Two (2) Months, Sixteen (16) Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 84, Croft St (Extended)

Cause of Death, { First (Primary,) Second (Immediate,) } Convulsions

Duration of Last Sickness, Half Hour

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 5th 1877

Undertaker, Washington Adams

Place of Business, 263 Tenth

Address of Scott, J.

Medical Attendant, J. D. Blake M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

MAY 5 1877
BALTIMORE

Permit No. 17324

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3d 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Henry Weaver,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years, 9 Months, 3 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Undertaker,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Maryland,

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, { Give street and number. } No 22 W. Fayette St. Baltimore

Cause of Death, { First (Primary,) Hypertrophy of the heart with mitral insufficiency Second (Immediate,) degeneration of myocardium }

Duration of Last Sickness, Five months,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery John Morris M. D.

Date of Burial, May 6th 1877

{ Undertaker, John R. McCoy Foreman of Deceased Address No. 5, Franklin St. Place of Business, #22 W. Fayette St. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

MAY
5
1877

Permit No. 17325

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob Klein
Sex, Male or Female, { Cross out the word not required in this line. } male
Age, 66 - Years, - Months, - Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, - salver -

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number. } 31 Forest St

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) do - do -

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 6/77

{ Undertaker, Charles Rossing

{ Place of Business, 136 E Fayette St.

Address 86 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

HEALTH
MAY 5 1877
BALTIMORE

Permit No. 173 26

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Stieninger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 33 Years, Months, Days.

Color, W Sex, F

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 11 Cemetery Lane

Cause of Death, { First (Primary,) Peritonitis
Second (Immediate.)

Duration of Last Sickness, 4 do.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 7th 2 o'clock

{ Undertaker, George C. Rodemann, Address 186 August St
Place of Business, 38 W. 11th St

H. J. Remond M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

HEALTH
MAY
5
1877
BALTIMORE

Permit No. 17327

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Lyswell
Sex, Male or Female, { Cross out the word not required in this line. } male
Age, Two Years, 10 Months, 9 Days.
Color, White Sex, male
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Child
Occupation, nothing
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Owings Mills Balto Co Md
Duration of Residence in the City of Baltimore, 3 days
Place of Death, { Give street and number. } 122 Franklin St cor Eutan
Cause of Death, { First (Primary), Second (Immediate), } Poisoned by Carbolic acid Taken by himself
Duration of Last Sickness, 2 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial, Browns Meeting House, Carroll Co Md
Date of Burial, May 5th C. W. Benson M. D. Medical Attendant.
{ Undertaker, Chas T. Scriven Address 106 N Eutan st
Place of Business, 271 N Eutan st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit Special)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17328

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Apr 4th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Jeremiah Wallace*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *Colored* Years, *13* Months, *4* Days.

Color, *Colored* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Lifeline*

Place of Death, { Give street and number. } *16 Forest St.*

Cause of Death, { First (Primary,) } *Bronchitis*
 { Second (Immediate,) }

Duration of Last Sickness, *Six days*

All the above information should be furnished by the Physician.

Place of Burial, *Wallas St. Cemetery*

Date of Burial, *May 6 1877*

{ Undertaker, *Thos B. Houghs* Address
 { Place of Business, *Balto St*

O Hall Butler M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 4th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Chas. M. Bowell

Sex, Male or Female,

Cross out the word not required in this line.

male

Age,

Two

Years,

Three

Months,

14

Days.

Color,

White

Sex,

male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Life

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

214 Disgrace St.

Cause of Death,

First (Primary),

Second (Immediate.)

Convulsions

Duration of Last Sickness,

About two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

E. Gover Cox

M. D.

Date of Burial,

May 6th 1877

Medical Attendant.

Undertaker,

Wm. H. Hickman

Address

289 W. Fayette St.

Place of Business,

234 E. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 17330

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elias Hurdon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, Months, Days.

Color, Yellow Sex,

Married, Single, Widowed, or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, Nine months

Place of Death, { Give street and number. } No. 17 Union St.

Cause of Death, { First (Primary,) Heart disease
Second (Immediate,) Dropsy

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 6th 1877 J. B. Garman M. D. Medical Attendant.

{ Undertaker, John Gas Gray

{ Place of Business, 65 North Myrtle St. Address 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Wilson
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 25 Years, Months, Days.
Color, Black, Sex,
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Office servant
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } 28 Orchard St
Cause of Death, { First (Primary,) Heart disease
Second (Immediate,) Olden of lungs
Duration of Last Sickness, Five days
All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
Date of Burial, May 6th 1877
Undertaker, Wm J Gray
Place of Business, 65 Mulberry St
Address 114 Park Ave
F E Chataway M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17332

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sam. W. Jones

Sex, Male or ~~Female~~, { Cross out the word not required in this line.

Age,

8

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number.

240 Eu St

Cause of Death, { First (Primary,) Second (Immediate,)

Diphtheria

Duration of Last Sickness,

11 days

All the above information should be furnished by the Physician.

Place of Burial,

Balta Cemetery

Date of Burial,

May 6th 1897

{ Undertaker,

Armstrong & Denny

{ Place of Business,

263 Light St

Address

146 Chaucer St

Thermon Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17333

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Susan Mitchell

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Female

Age, 42 Years,

Months,

Days.

Color,

Colored

Married, ~~Single~~ Married, { Cross out the words not required in this line. }

Married

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number }

No 167, Wolf St

Cause of Death, { First (Primary) Second (Immediate) }

Paralysis

Duration of Last Sickness,

12 Hours

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17334

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3. 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } James S. Powell
 Sex, Male or Female, { Cross out the word not required in this line. } X
 Age, 42 Years, 7 Months, 18 Days.
 Color, Colored Sex, X
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } married
 Occupation, Laborer
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } South Carolina
 Duration of Residence in the City of Baltimore, 12 years
 Place of Death, { Give street and number. } 202 S Howard
 Cause of Death, { First (Primary,) Typhoid Pneumonia
 { Second (Immediate,) one week
 Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, same as above
 Date of Burial, May 6 1877
 { Undertaker, J. H. Chase
 { Place of Business, 501 S Howard St
 Address 55 Sharp St
 W. C. Knowles M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *17335*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary E. Civile

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *47* Years,

9 Months,

22 Days.

Color,

White

~~Married~~, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Leesburg Va

Duration of Residence in the City of Baltimore,

Eight Years

Place of Death, { Give street and number. }

250 N. Carey

Cause of Death, { First (Primary,) Second (Immediate,) }

*Abscess of the Lung
Dropsy
5 years -*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Cave Hill Cem

Date of Burial,

Leesville Ky

Edw. J. McWhorter M. D.
Medical Attendant.

{ Undertaker,

*May 5th 1877
H. W. Fitzgerald*

Address

279 W. Lombard

{ Place of Business,

201 Rehar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Transit 765

[OVER.]

Board of Health, City of Baltimore, 5
1877
BALTIMORE

Permit No. 17336

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Maria Stokes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, Months, 3 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balls, Md.

Duration of Residence in the City of Baltimore,

Whole life

Place of Death, { Give street and number. }

21 Vincent St

Cause of Death, { First (Primary),
Second (Immediate), }

Phthisis

Duration of Last Sickness,

Two months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, May 6 1877

Undertaker, William Jungel

Place of Business, No 10 Station

B. W. Lacey M. D.
Medical Attendant.

Address 308 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Color,

Years,

white

Months,

2 hrs. old days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death,

First (Primary,)
Second (Immediate,)

Duration of Last Illness,

All the above information should be furnished by the Physician.

Place of Burial, M. E. Pennington P.O.

Date of Burial, May 4 1877

Undertaker, John C. Schuch

Place of Business,

R. W. Mansfield

M. D.

Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Sex, ~~Male~~ or Female,

Age,

Color,

~~Married~~ Single, Widow ~~Widow~~

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number.

Cause of Death, { First (Primary),
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Registrar.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by George A. Turpin son

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 4th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Margaret Riley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 20^{yr} Years,

11

Months,

Days.

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

117 Arguilla St

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption Lungs
10 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 6 1877

Undertaker, James D Byrne

Place of Business, No 63 N Front St

John P. Munnahan M.D.
Medical Attendant.

Address 512 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

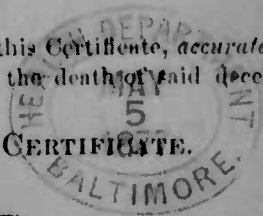
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17340*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

May 5th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Dennis O'Connell

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

13

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Mal

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

No. 1 Abraham St.

Cause of Death, { First (Primary), Second (Immediate), }

Heart disease

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *May 6 1897*

{ Undertaker, *James D. Byrne*

{ Place of Business *No. 63 on Front St.*

John Burke Doyle M. D.

Medical Attendant.

Address *166 E. Eager St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17341

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Weilmann

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 77 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany - 23 yrs

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number. } 116 Somerset St

Cause of Death, { First (Primary,) old age
Second (Immediate,) Gen. Debility }

Duration of Last Sickness, complaining for 7 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 9 1877

Undertaker, H. H. Brock

Place of Business, 309 Central Ave

Address, James H. Stenard M. D.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information H. H. Brock Undertaker (OVER.)

Board of Health, City of Baltimore,

Permit No. 17344

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 5th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sarah Brown

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

3

Years,

11

Months,

10

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Baltimore Ind.

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

No 120 Chesapeake St

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Scarlet Fever

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

St. J. Catholic Church E. J. Williams

Date of Burial,

May 6th 2 p.m.

M. D.

Medical Attendant.

{ Undertaker,

{ Place of Business,

Address

No 63 E. 11th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. **17343**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **May 5th**
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Mary Welderman**
Sex, Male or Female, { Cross out the word not required in this line. } **Female**
Age, **33** Years, **3** Months, **11** Days.
Color, **White**
Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Married**
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } **Massachusetts**
Duration of Residence in the City of Baltimore, **25 years**
Place of Death, { Give street and number. } **405 Franklin St**
Cause of Death, { First (Primary,) Second (Immediate,) } **Consumption "Pulmonary"**
Duration of Last Sickness, **One year**
All the above information should be furnished by the Physician
Place of Burial, **Louden Park Cemetery**
Date of Burial, **May 6th 1877**
{ Undertaker, **J. B. Cook** }
{ Place of Business, **707 W. Baltimore** }
Address **112 W. Greene St**
Samuel T. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

May 4th 1877
Henry Habel



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

2 Years,

Color,

white

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

10.98 Castle Street (M) Balto. city

Cause of Death, { First (Primary,) Second (Immediate,) }

Inflammation of bowels 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 5th

Undertaker, Wendelin Dippel

Place of Business, 2 S. Bond St. 151

R. W. Mansfield M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17345

The Physician who attended any person, to the Undertaker or other person superintending the burial, to present this certificate to the Registrar of Vital Statistics, within twenty-four hours after the death, sooner, if requested so to do, under penalty of fine.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Ramsey
Sex, Male ~~Female~~ { Cross out the word not required in this line. }
Age, 2 Years, 9 Months, — Days.
Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Church

Date of Burial, May 6th 1877

{ Undertaker, H. H. Means

{ Place of Business, Gay St

Address, Commisr of Health
H. H. Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

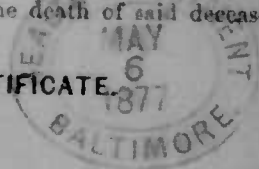
Board of Health, City of Baltimore,

Permit No. 17346

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie M. Rogers

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, Days,

Color, Cal Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 31 Whatcoat St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 31 Whatcoat St

Cause of Death, { First (Primary,) Second (Immediate.) } Gastritis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 6th 1877

{ Undertaker, Chambers & Co. Address, 311 Second Ave

{ Place of Business, 311 Second Ave

C. J. Hancock M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 5 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Rebecca Lowenberg

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

4

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

34 Essex St.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Capillary Bronchitis

Hooping cough
& diph

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Hamover St Congregation

Date of Burial,

May 6th 1877

Abram P. Arnold M. D.
Medical Attendant.

{ Undertaker,

Hents

{ Place of Business,

W Balto St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 4th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henry Bunn

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

77

Years,

5

Months,

Days.

Color,

White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Cellar digger

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

45 years

Place of Death, { Give street and number. }

355 S. Charles St

Cause of Death, { First (Primary.) }

Cystitis

{ Second (Immediate.) }

Apoplexy

Duration of Last Sickness,

3 days apoplexy 1 year Cystitis

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

May 6 1897

M. D.

Medical Attendant.

{ Undertaker, C. F. Krause

{ Place of Business, 209 Hanover St

Address 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5/11

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Ella Alexander

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 7

Years,

Months,

Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 180 S. Dallas St.

Cause of Death, { First (Primary.) Infantile Spasm of the Stomach }
{ Second (Immediate.) } Convulsions

Duration of Last Sickness, Sick more or less since birth

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 6 1877

Undertaker, John W. Locks

Place of Business, 58 S. Wolfe St.

Address

Edward Miller, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

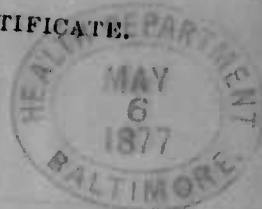
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Josephine Probatich

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

3 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. City

Duration of Residence in the City of Baltimore,

Life in House 1 month

Place of Death, { Give street and number. }

St Vincent's Infant Asylum

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus
Anemia

Duration of Last Sickness,

When admitted.

All the above information should be furnished by the Physician.

Place of Burial,

S. Alphonsus Cemetery

Date of Burial,

May 6th 1877

Undertaker,

W. A. Raiger

Place of Business,

74 S Broadway

Address

201 W. Middle St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17351

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 5th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Daniel Arnold

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

4 Months,

1 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

life

Place of Death, { Give street and number. }

214 S Eutaw St

Cause of Death, { First (Primary), Second (Immediate), }

Whooping Cough

~~Acute~~ ~~Bronchitis~~ Capillary Bronchitis

Duration of Last Sickness,

3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Landonpark Cem

Date of Burial, May 7th 1877

J. H. Munnery

M. D.

Medical Attendant.

{ Undertaker, Elias Kachler

Address

76 S Paca St

{ Place of Business, 600 Sharp's brogs. st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17352*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 5th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William McHardy Beauchamp*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Six* Years, *fourteen* Months, *Days.*

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *His entire life*

Place of Death, { Give street and number. } *105 Edmondson av*

Cause of Death, { First (Primary,) Second (Immediate,) } *Enteritis*
do

Duration of Last Sickness, *nine days*

All the above information should be furnished by the Physician

Place of Burial, *Landon Park*

Date of Burial, *May 7th 1877*

Undertaker, *Armstrong & Son*

Place of Business, *263 Light St*

M Hammond M. D.
Medical Attendant.

Address *53 N Paca St*
Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17353

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1877.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Kate Harrington

Sex, Male or Female, Cross out the word not required in this line. Female

Age, Years, 4 Months, 27 Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, Give street and number. 6 Williamson St

Cause of Death, First (Primary,) Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, one month

All the above information should be furnished by the Physician

Place of Burial, Dorchester C. M.

Date of Burial, May 7th 1877 J. E. Harrington M. D. Medical Attendant.

Undertaker, Anthony Perry

Place of Business, 263 Light St Address 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17354

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jane Hanington

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 Years, 3 Months, 27 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore Md.

Duration of Residence in the City of Baltimore, During life.

Place of Death, { Give street and number. } 6 Williamson St.

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, May 7th 1877 J. E. Hanington M. D. Medical Attendant.

{ Undertaker, Anthony A. Denny
Place of Business, 263 Light St. }

Address 321 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

HEALTH
1877
BALTIMORE

Permit No. 17.355

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eugene Gaines Lawson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Seven Years, Two Months, Days.

Color, white Sex, Boy

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ship Island

Duration of Residence in the City of Baltimore, Eight months

Place of Death, { Give street and number. } 572 W. Fayette St.

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) Diphtheritic Croup

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Canton Park Cemetery

Date of Burial, May 7th 1877

E. H. Holbrook M. D.
Medical Attendant.

{ Undertaker, Hughes & Co

{ Place of Business, 330 Fayette St. Address 395 Lawrence St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

HEALTH
7
1877

Permit No. 17356

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jesse Dwell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Seven Years, Six Months, 22 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Child

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Mt Royal Ave

Cause of Death, { First (Primary,) Scarlet fever
Second (Immediate,) _____

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, May 7th 1877

{ Undertaker, _____

{ Place of Business, 380 Royal Ave. Address _____

Wm H Davis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. C. Koster
 Sex, Male or Female, { Cross out the word not required in this line. } male
 Age, Years, Months, 2 Days.
 Color, white
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltor City
 Duration of Residence in the City of Baltimore, since born
 Place of Death, { Give street and number. } S. E. Cor. Canton St. & Wolfe
 Cause of Death, { First (Primary.) Compression of cranial bones
 Second (Immediate.) by obstetrical forceps
 Duration of Last Sickness, since born
 All the above information should be furnished by the Physician.

Place of Burial, Balt County
 Date of Burial, May 7 1877
 { Undertaker, Wm. Gray }
 { Place of Business, 54 N. Broadway }
 Address 27 N. Broadway
 J. G. Dauch M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3rd May 1877.

Full Name of Deceased, { Write legibly and spell correctly. If on infant not named, give names of parents. } Mrs Margaret Hughes -

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 83 - Years, Months, Days.

Color, white - Sex,

~~Married~~, ~~Single~~, Widow ~~or~~ { Cross out the words not required in this line. }

Occupation, Keeping house for her family -

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland -

Duration of Residence in the City of Baltimore, About forty two years -

Place of Death, { Give street and number. } 120 Preston Street.

Cause of Death, { First (Primary,) Abdominal Tumors - Mucous Scirrhus
Second (Immediate,) Exhaustion - Cancer abdomen

Duration of Last Sickness, In bed for two weeks -

All the above information should be furnished by the Physician.

Place of Burial, St Peter's

Date of Burial, May 7th 1877 W C Van Bibber M. D.

Medical Attendant.

{ Undertaker, Chas T Brown
{ Place of Business, 271 N. Calver St Address 47. Franklin St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1877

OFFICE OF REGISTRAR OF VITAL STATISTICS

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

May, 6, 1877 8.30 AM.

Alex R. & Sarah L. Carr

Sex, ~~Male or~~ Female, { Cross out the word not
required in this line. }

Age, Years, — Months, one Days.

Color, white

~~Married, Single, Widow or Widower, (Cross out the words not required in this line.)~~

Occupation, _____

104 S. Exeter St

Duration of Residence in the City of Baltimore, _____

106 S. Exeter St

Premature birth

All the above information should be furnished by the Physician.

A. Negro-Sherk

M. D.

Medical Attendant.

Address 118, High St

(Undertaker, James S. Burns

Place of Business, 11° 63 Street 41

Address 118, High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17360

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

7th of May 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Friedrich Piffner

~~Sex~~, Male or Female,

Cross out the word not required in this line.

Age,

31 Years,

Months,

Days.

Color,

White

~~Married~~, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Barkeeper

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

10 years

Place of Death,

Give street and number.

194 S. Bond Street

Cause of Death,

First (Primary),

St. Vincent's Tuberculosis

Second (Immediate),

Marasmus

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel Cemetery

Date of Burial,

May 8th 1887

Undertaker,

Leonhard Veit

Place of Business,

S. Bond Street

Address

245 S. Baltimore

J. H. H. M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17361

OFFICE OF REGISTRAR OF VITAL STATISTICS,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Nicholas Tiemann

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

48 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Rigger

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

24 years

Place of Death, { Give street and number. }

at Beachams Ship Yard in Basin

Cause of Death, { First (Primary,) Second (Immediate,) }

Accidental fall

Skull crushed

Duration of Last Sickness,

20 minutes

All the above information should be furnished by the Physician.

Place of Burial,

St. Pauls Cemetery

Date of Burial,

May 1877

{ Undertaker,

John Schuch

R. C. Lee M. D.

N. W. C. Corson Esq.

{ Place of Business,

255 W. 1st St.

Address Hanover & Barr Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17362*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 4, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Edith Stenerson Sprights,*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *13* Years, *24* Months, *24* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *Since birth,*

Place of Death, { Give street and number. } *55 N. Bond St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Meningitis,*

Duration of Last Sickness, *9 days.*

All the above information should be furnished by the Physician

Place of Burial, *Greenmount Cemetery*

Date of Burial, *May 7/77*

{ Undertaker, *Coffey*

{ Place of Business, *34 N Broadway* Address *75 E Baltimore St.*

J. A. Horck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17363

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 7, 1877

{ Undertaker, Philip J. Dill

{ Place of Business, 183 Columbia Ave

J. G. H. M. D.
Medical Attendant.

Address 203 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *17364*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 27*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Unknown (George Kreitzer)*

Sex, Male or Female, { Cross out the word not required in this line. } *Unknown*

Age, *34* Years, *4* Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Unknown*

Occupation, *Mariner probably*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Unknown (Germany)*

Duration of Residence in the City of Baltimore, *Unknown*

Place of Death, { Give street and number. } *Found in Back Room in room of Deceased's Mother*

Cause of Death, { First (Primary)... *Drowning*
Second (Immediate)... *Accidental probably (Cor Jury Verdict)* }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Clements*

Date of Burial, *April 5*

{ Undertaker, *Charles Stuper*
Place of Business, *Chas. Stuper & Co.* }

Address *Corner 1st & D*

Edw. J. Brwalder M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17365

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Maguerenoff.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Falls, City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 67 N. Spring St.

Cause of Death, { First (Primary,) Confusion of Senses
Second (Immediate,) }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Centre.

Date of Burial, May 7. 1877.

{ Undertaker, H. Hoffmann.

{ Place of Business, 63 N. Eden St.

Address 347 E. Baltimore St.

James E. Dinnelle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 5th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ira Towson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

5

Years,

Months,

Days.

Color,

W.

Sex,

M

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

291 N. Ann St

Cause of Death,

First (Primary,)

Second (Immediate,)

Scarlatina

Albuminuria

One Month.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

May 8th 1877

A. T. Remolds

M. D.

Medical Attendant.

Undertaker,

Wm. W. Richman

Place of Business,

234 N. Gay St

Address

186 Asquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 6 1897

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Corina Williams

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

60

Years,

Months,

Days.

Color,

negro

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Laundress

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Talbot Co. Md.

Duration of Residence in the City of Baltimore,

About 48 years

Place of Death,

{ Give street and number. }

86 Burgundy Alley

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Carcinoma of the Uterus
5 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Mary's Cemetery

Date of Burial,

May 8 1897

R. M. Hall

M. D.

Medical Attendant.

{ Undertaker,

W. H. Hase

{ Place of Business,

198 W. Baltimore St.

Address 266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Medford

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, Months, 2 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, May 7th 1877

{ Undertaker, H. Ross

{ Place of Business, 80 West St.

J. M. Stearns M. D.
Medical Attendant.

Address Commis of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Sophia Thomas Medwile [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

* All the above information should be furnished by the Physician

Place of Burial, 5th German Reform St Paul stn

Date of Burial, May 7th 1877

Undertaker, L. Froehlich

Place of Business, 246 Eastern Ave

Address

C. Edward Miller, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

1877
BALTIMORE

Permit No. 17370

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Matie Cofford

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

27 Port St. Canton

Cause of Death, { First (Primary.) Second (Immediate.) }

Cataracts of eye
Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the physician

Place of Burial, Swarth Cem.

Date of Burial, May 8th 1877

Underlaker, M. France

Place of Business, No 280 Canton Ave.

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17371

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 7th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ann Appleby*

Sex, Male or Female, { Cross out the word not required in this line. } *F.*

Age, *72* Years, Months, Days.

Color, *W* Sex, *F.*

~~Married~~, Single, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, *Housewife*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *City*

Duration of Residence in the City of Baltimore, *Always*

Place of Death, { Give street and number. } *206 N. Wolf*

Cause of Death, { First (Primary,) Second (Immediate.) } *Cerebral Softening Paralysis*

Duration of Last Sickness, *3 wks.*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 8th*

(Undertaker, *Geo Schilling* Address *186 Disquith St.*

(Place of Business, *1st Land Square*

A. T. Rennolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Augustine Massie
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
Age, Five Years, Months, 4 Days.
Color, White Sex, Female
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Houston Texas
Duration of Residence in the City of Baltimore, 3 years
Place of Death, { Give street and number. } 257 W Lombard St-
Cause of Death, { First (Primary,) Diphtheria,
Second (Immediate,) Amorrhage
Duration of Last Sickness, fifteen days
All the above information should be furnished by the Physician.
Place of Burial, Green Mount Cemetery J W Correll M. D.
Date of Burial, May 9th 1877 Medical Attendant.
{ Undertaker, A. H. Johnson & Son Address 506 W Lexington St-
{ Place of Business, No 263 Lexington St-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. **17373**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,...

May 7 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Ave & Penna Ave

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Baltimore Ave & Penna Ave
Convulsions

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness, *1 1/2 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Balt. Cemetery of J. Hancock*

Date of Burial, *May 8 1877* M. D. Medical Attendant.

{ Undertaker,

{ Place of Business,

Mr. Eilan
101 Gough
Address (or Room, & Direction)
445

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th, 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Schmuck
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 18 Years, 4 Months, Days.
Color, White
Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, Farmer
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore, City, Md.
Duration of Residence in the City of Baltimore, Since Birth but one year.
Place of Death, { Give street and number. } 243 Alice Anna St.
Cause of Death, { First (Primary) Insufficiency of Valves of Heart with
Second (Immediate) Hypertrophy following Rheumatism.
Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery
Date of Burial, May 8th 1877 John Rehberger M. D. Medical Attendant.
{ Undertaker, R. Edhards } Address 243 Alice Anna St.
{ Place of Business, 269 Canton Ave. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar 5, 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Caroline Abraham Barnes*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *54* Years, _____ Months, _____ Days.

Color, *Black* Sex, *Female*

Married, ~~Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Eastern Shore of Maryland*

Duration of Residence in the City of Baltimore, *30 years (about)*

Place of Death, { Give street and number. } *No. 11 Mechanics Court*

Cause of Death, { First (Primary) Second (Immediate) } *Phthisis Pulmonalis*

Duration of Last Sickness, *Five weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Asbury Green* *Alexander Hill, M. D.*

Date of Burial, *May 7, 1877* Medical Attendant.

{ Undertaker, *Wm A Dungee* Address *No. 134 N. 2nd St.*

{ Place of Business, *No 62 East St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 7, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Anna E. Hersh.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

1

Years,

7

Months,

7

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

107 Hamburg St

Cause of Death, { First (Primary,) Second (Immediate,) }

Pertussis
Chronic Pneumonia
5 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 8, 1877

Undertaker, Charles F. Herod

Place of Business, 161 Canoe Street

Address 146 Hanover St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17377

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6 - 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Louisa Grilling

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 56 Years,

Color, White

Months,

Days.

~~Married~~, Single, Widow or ~~Widower~~, Cross out the words not required in this line.

Occupation, Housekeeper

Birthplace, State or country (and how long in the United States, if of foreign birth.) Hanover Germany (35 yrs)

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, Give street and number. St. Joseph's Hospital

Cause of Death, First (Primary), Heart Disease -
Second (Immediate), Asphyxia -

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 8th 1877

Undertaker, John Paulus

Place of Business, 66 Frederick Ave.

Oscar J. Cuskey M. D.
Medical Attendant.

Address 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 6.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth MacGowan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

48

Years,

Months,

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

38

Years

Place of Death, { Give street and number. }

314 Cross

Cause of Death, { First (Primary), Second (Immediate), }

Leucemia of the Uterus (cancer)

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial,

St. Patrick's Church

Date of Burial,

8th May

Thermon Cook

M. D.

Medical Attendant.

{ Undertaker,

W. S. Schwalbe

Address

146. Hanover St

{ Place of Business,

35 S. Calver St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17379

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Harri. J. Parker.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 1 Months, 3 Days.

Color, Colored.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

16 Fremont St. Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

192 S. Durham

Cause of Death, { First (Primary), Second (Immediate), }

Scarlet Fever.

Duration of Last Sickness,

2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem.

Date of Burial, May 8th 1877

Undertaker, John W. Locks

Place of Business, 56 Jefferson St.

Edw. P. McDevitt

M. D.

Medical Attendant.

Address 137 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17380

OFFICE OF REGISTRAR OF VITAL STATISTICS



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 7th ~~Mary Stewart~~

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Stewart

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 8 3 Years, 8 Months, 12 Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth). }

Baltimore

Duration of Residence in the City of Baltimore,

all her life

Place of Death, { Give street and number. }

174 Franklin St

Cause of Death, { First (Primary), Second (Immediate). }

Pneumonia

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician

Place of Burial, 1st Presbyterian Cemetery

Date of Burial, 8th May 1877

Undertaker, H. W. Vickers, & Co

Place of Business, 16 Light St.

J. J. Smith

M. D.

Medical Attendant

Address 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, the name can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 1877

Permit No. 17381

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Garrison Gibson

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 53 Years, — Months, — Days.

Color, Col L

~~Married~~, Single, ~~Widow~~, ~~Unmarried~~, { Cross out the words not required in this line. }

Occupation, /

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } unknown

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 23 Philpot Alley

Cause of Death, { First (Primary), Second (Immediate), } Cold & Exposure
Rheumatism &c

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, May 8th 1877

{ Undertaker, C. Shepherd }

{ Place of Business, E. Pratt St }

Address, Commis of Health & Registrar

J. A. Stenard M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by off. H. Burns on Beat [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7. 4 pm

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Wilhelmina Borchert

Sex, Male or Female, Cross out the word not required in this line.

Age, 72 Years, 0 Months, 0 Days.

Color, white Sex,

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, 0

Birthplace, State or country (and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore, Eighteen Years.

Place of Death, Give street and number. 154. South Wolf St.

Cause of Death, First (Primary,) Second (Immediate.) Typhemia from ulcerated Lungs.

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 8 May 1877

John J. Fitch

M. D.

Medical Attendant.

Undertaker, John J. Fitch

Place of Business, 265 Milwaukee St.

Address 77 Nord E. Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17383

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May (7th) Seventh*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Smith*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *6* Years, *11* Months, *11* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto. City*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *No. 714. Hanover Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pertussis*
Convulsions

Duration of Last Sickness, *Two (2) weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 9 1877*

{ Undertaker, Address 15 N. Henry & 8 E. Smith

{ Place of Business, Cor Sharp & Cook Fremont Sts.

Wm. H. Alderdice M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *30 May 77*

Full Name of Deceased, *Mrs Philip Haas*

Sex, Male or Female, *(Cross out the word not required in this line.)*

Age, *3* Years, *22* Months, *11* Days.

Color, *W*

Married, Single, Widow or Widower, *(Cross out the word not required in this line.)*

Occupation, *Baltimore*

Birthplace, *(State or country (and how long in the United States, if of foreign birth.)*

Duration of Residence in the City of Baltimore, *44 Hughes St.*

Place of Death, *(Give street and number.)*

Cause of Death, *(First (Primary.) Tuberculous meningitis)*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Faulken Park*

Date of Burial, *May 5th 1877*

Undertaker, *Armstrong, Perry*

Place of Business, *263 Light*

A. J. Dodge M. D.
Medical Attendant.

Address *201 Hanover St Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 7385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Fine Roberts

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 9 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } Belair av. beyond Hoffman St.

Cause of Death, { First (Primary) Second (Immediate) } Diphtheritis
Apnoea

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 9th 3 P.M.

Undertaker, M. R. Hall

Place of Business, 233 E. Balto

Geo. A. Hartman M. D.
Medical Attendant

Address #305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

HEALTH
8
1877
BALTIMORE, MD.

Permit No. 17386

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Robt Woolford

Sex, Male ~~on Female~~, { Cross out the word not required in this line. }

Age, 53

Years,

Months,

Days.

Color,

Colored

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Don't know

Occupation,

Convict

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Don't know

Duration of Residence in the City of Baltimore,

1 year

Place of Death, { Give street and number. }

Maryland Penitentiary

Cause of Death, { First (Primary),
Second (Immediate). }

Pneumonia

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician.

Place of Burial, Clementing

Date of Burial, April 8

Jno Brooke Bush M. D.
Medical Attendant.

Undertaker, Charles Steyer

Place of Business, Pratt Wharton st

Address

156 Clager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 5th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

William Burkhard

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

43

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Liquor Dealer

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

{ Give street and number. }

Cor Fayette & Caroline St

Cause of Death,

{ First (Primary),
Second (Immediate), }

Congestion of the Lung

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore County

Date of Burial,

May 8/77

J. D. Gropf.

M. D.

Medical Attendant.

{ Undertaker,

Ohlman

{ Place of Business,

136 E Fayette St

Address

137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 7th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Martin Vetter*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *40* Years, *unknown* Months, *unknown* Days.

Color, *white* Sex, *male*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation, *Sailor*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *16 years*

Place of Death, { Give street and number. } *N. 105 E Lombard St*

Cause of Death, { First (Primary), Second (Immediate), } *Pulmonary Phthisis.*
General Consumption

Duration of Last Sickness, *4 months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore County, Henry Salzer* M. D.

Date of Burial, *May 9/77* Medical Attendant.

{ Undertaker, *Ch. Prosser* Address *165 W Lombard St*

{ Place of Business, *136 E Fayette St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

8
1877
BALTIMORE

Permit No. 17389

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Doves

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 66 Years, Months, Days.

Color, White Sex, Male

Married, Single, Widowed, { Cross out the words not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 74 South Carey

Cause of Death, { First (Primary,) Cancer of Stomach
Second (Immediate,)

Duration of Last Sickness, About 3 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 8th 1877

{ Undertaker, Hughes & Co
Place of Business, 340 Fayette St

D. P. Hoffman M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

M. D. Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **17391**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **May 7th 1877.**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Mary. Gertrude Bond.**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **4** Years, **9** Months, Days.

Color, **White.**

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } **Baltimore**

Duration of Residence in the City of Baltimore, **Lifetime**

Place of Death, { Give street and number. } **No 273. Walsh St.**

Cause of Death, { First (Primary.) Second (Immediate.) } **Scarletina Anguinosa**

Duration of Last Sickness, **9 days.**

All the above information should be furnished by the Physician.

Place of Burial, **Baltimore cemetery**

Date of Burial, **May 8th 1877**

{ Undertaker, **Chenoweth & Co** Address **No 226 Mulberry St.**

{ Place of Business, **341 Penn ave** **for G. N. M.**

L. C. Horn M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17392*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 7th - 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Louis Asendorf.*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, *15* Months, _____ Days.

Color, *White* Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *136 German St.*

Cause of Death, { First (Primary,) *Whooping Cough*
Second (Immediate,) _____

Duration of Last Sickness, *Three weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Paul's Cemetery*

Date of Burial, *May 10th*

Edward R. Ward M. D.
Medical Attendant.

{ Undertaker, *J. Schultheis*

{ Place of Business, *154 Mulberry St.*

Address *242 N. Lombard St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17398

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 14 Days.

Color, Colored

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 4 years, 14 days.

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 5, 1877

{ Undertaker, John B. Goshall
Place of Business, 1113 East Ave }

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 8th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catherine A. Clift*
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, *44* Years, — Months, — Days.
 Color, *White* Sex, *Single*
~~Married~~, ~~Single~~, ~~Widowed~~, ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, *none*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*
 Duration of Residence in the City of Baltimore, *Since birth*
 Place of Death, { Give street and number. } *273 E. Madison St.*
 Cause of Death, { First (Primary), Second (Immediate), } *Paralysis*
Gen. Debility
 Duration of Last Sickness, *Several years*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*
 Date of Burial, *May 9th 1877*
 Undertaker, *Jacob Weaver* Address *23 S. Broadway*
 Place of Business, *Nos 4 & 6 Druid Hill Ave*

Jas I. Cockrill M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May the 8th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Lindemann.
 Sex, Male ~~Female~~, { Cross out the word not required in this line. }
 Age, Twelve Years, and three Months, Days.
 Color, white Sex,
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City
 Duration of Residence in the City of Baltimore, his whole time of life
 Place of Death, { Give street and number. } No 53 North Street
 Cause of Death, { First (Primary,) Vomitus bilious.
 { Second (Immediate,) gastric enteritis
 Duration of Last Sickness, Eight days
 All the above information should be furnished by the Physician.
 Place of Burial, Balthameter
 Date of Burial, May 10, 1877
 { Undertaker, J. B. Cook
 { Place of Business, W. Balp. str. near Schroeder's.
 Address No 53 N. Elmor str.

D. Adolph Boehm, M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alexander Ward Reddbridge

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 58 Years, Months, Days.

Color, White Sex, Male

Married, Single, Widow, or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give street and number. } Middle Street - (156. W) Brights Bridge

Cause of Death, { First (Primary,) Second (Immediate,) } Heart 10 months

Duration of Last Sickness, Heart 10 months

All the above information should be furnished by the Physician.

Place of Burial, Summit Cemetery

Date of Burial, May 10/77

{ Undertaker, Stewart & Mawry Address 146 Park St.

{ Place of Business, 35 Park Ave

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John W. Pugsley

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

18

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

229 N. Front st

Cause of Death, { First (Primary,) Second (Immediate,) }

Capillary Bronchitis
Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Balto. Cemetery

Date of Burial,

May 9

{ Undertaker,

J. Shelling

{ Place of Business,

Lay & Asquith

Address

134 N. High

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17398*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 8th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mr H. Phipps*

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, *3* Years, *8* Months, Days.

Color, *White* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *615 Pratt St*

Cause of Death, { First (Primary,) *Crouping Cough.*
Second (Immediate,)

Duration of Last Sickness, *Two weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Bethesda Cemetery*

Date of Burial, *May 9*

Undertaker, *J. B. Cook*

Place of Business, *707 West Baltimore St*

Address *242 N. Lombard St*

Edward P. Ward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **17399**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **May 7th**
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Lizzie Roberson**
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, **35** Years, _____ Months, _____ Days.
Color, **Col**
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, **Laundress**
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } **Pa**
Duration of Residence in the City of Baltimore, **4** Years
Place of Death, { Give street and number. } **159 Pierce St**
Cause of Death, { First (Primary,) Second (Immediate,) } **Pulmonary Consumption**
Hæmoptysis
Duration of Last Sickness, **and suddenly of " "**
All the above information should be furnished by the Physician.
Place of Burial, **Laurel Cemetery**
Date of Burial, **May 8th 1897** **M. D.**
Medical Attendant.
{ Undertaker, **Wm. B. B. B.** Address **192 Pearl St**
{ Place of Business, **65 Mulberry St.**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 174111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 8. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Chas. Edward Drury*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *2* Years, *1* Months, Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *Whole life*

Place of Death, { Give street and number. } *No 2. Payson St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis*

Duration of Last Sickness, *Ten weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *May 9. 1877*

James Booley M. D.
Medical Attendant.

{ Undertaker, *Joseph B. Coole*

{ Place of Business, *707 W. Balto St. Balto Md.* Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, adequately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Ellen Burke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 78 Years,

Color, White Months, Days.

Married, Single, Widow or Widow, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } No. 1234 N. Main St.

Cause of Death, { First (Primary,) old age }
{ Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Peter's Cemetery

Date of Burial, May 9th 1894

Undertaker, Jos. W. Byrne

Place of Business, 37 N. Liberty St.

Address

C. J. O'Connor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17403,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary E. Regester

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, ~~Four~~ Years, (4) four Months, Twenty Three Days.

Color, White

Married, Single, ~~Widow or Widower~~, Cross out the words not required in this line.

Occupation, None

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore Md

Duration of Residence in the City of Baltimore, Two Weeks during life

Place of Death, Give street and number. 457 Chase & Bond St

Cause of Death, First (Primary), Crouping Cough
Second (Immediate), Congestion of the Brain

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 9th 1877

Undertaker, H. W. Mears

Place of Business, 457 Gay St

Address

97 N. Charles St

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17404

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th. May 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Kestler
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, ——— Years, 11 Months, ——— Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, ———
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City.
Duration of Residence in the City of Baltimore, During Lifetime
Place of Death, { Give street and number. } Eastern Avenue 181.
Cause of Death, { First (Primary,) Dentition.
Second (Immediate,) Convulsions.
Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel
Date of Burial, 10 May 1877
{ Undertaker, Peter Ferry
{ Place of Business, 91 E. Sun Ave

William Hensel M. D.
Medical Attendant.

Address J. Wolfert 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Years,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age, 24-1,

Years,

Color,

colored

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Unknown

Unknown

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Unknown

Duration of Residence in the City of Baltimore,

Unknown

Place of Death, Give street and number.

Found off Barclay Wharf

Cause of Death, First (Primary),

Second (Immediate),

Accidental Drowning
Jury Verdict

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, E Plummering

Date of Burial, May 8

Undertaker, Charles Stagner

Place of Business, 1217 N. E. Avenue

Edmund Walker

Address

Corner 1st & D

M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17408

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 5pm. 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth F. F. F.
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, Forty-two Years, 10 Months, Days.
 Color, White Sex,
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, H.
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany
 Duration of Residence in the City of Baltimore, Twenty One Year
 Place of Death, { Give street and number. } 217 East Ave.
 Cause of Death, { First (Primary,) Cancer of the Uterus
 { Second (Immediate,) Hemorrhage of the uterus
 Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery John D. Fitzer M. D.
 Date of Burial, 10th May 3 o'clock Medical Attendant
 { Undertaker, Emanuel Claus
 { Place of Business, 169 S. Bethel St Address 77 Nord End St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Howard L. Duval

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

(Balt.) Chesnut & Front St.
Carver's Lane Surge

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cen.

Date of Burial,

May 9 1877

Undertaker,

Henry H. Hock

Place of Business,

309 Centre Ave

Address

C. S. McKim

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 174/10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 9 " 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Willard W. King.*

Sex, Male ☒ Female ☐ { Cross out the word not required in this line. }

Age, *46.* Years, *8.* Months, *9.* Days.

Color, *White* Sex, *Male*

Married, ~~Single~~, ~~Widow~~, ~~or~~ ~~Widower~~ { Cross out the words not required in this line. }

Occupation, *Restaurant.*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *State New York.*

Duration of Residence in the City of Baltimore, *11 years.*

Place of Death, { Give street and number. } *66 W. Hazette St.*

Cause of Death, { First (Primary), Second (Immediate), } *Do not know, Bright's Kidney disease.*

Duration of Last Sickness, *Two years.*

All the above information should be furnished by the Physician.

Place of Burial, *Le Roy. N. York.*

Date of Burial, *Can't tell.*

Undertaker, *Wm. Fry.*

Place of Business, *Hazette St. Brooklyn*

Medical Attendant, *J. Clay Maddux, M. D.*

Address *23 N. Calvert St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 771

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17411

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 7th 1897.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Harriet Johnson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

10 Months,

Days.

Color,

Polatto

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Ind.

Duration of Residence in the City of Baltimore,

From Birth

Place of Death,

Give street and number.

200 York St

Cause of Death,

First (Primary),
Second (Immediate).

Scrophula.

Duration of Last Sickness,

Sick from birth,

under treatment one week

All the above information should be furnished by the Physician

Place of Burial,

W. P. Cemetery

Date of Burial,

May 9th 1897

Undertaker,

Mike Perry

Place of Business,

Pratt St

Address

Balt. S. Dispensary.

J. M. White

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Jackson
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, Years, Months, 19 Days.
Color, Blk
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 150 Lyson Street
Cause of Death, { First (Primary.) Second (Immediate.) } artificial nursing
Quarantine
Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery
Date of Burial, May 9 1877 James A. Stenbury M. D.

{ Undertaker, W. N. Burge Address Commiss of Health
Place of Business, East St Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by William Jackson, father

Board of Health, City of Baltimore

Permit No. *17413*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 8th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Kate Dillehunt*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *84* Years, Months, Days.

Color, *white*

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Mid*

Duration of Residence in the City of Baltimore, *6 months*

Place of Death, { Give street and number. } *126 Penna Ave*

Cause of Death, { First (Primary,) Second (Immediate,) } *Old age*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *9th May 1877*

{ Undertaker, *George Saffran*

{ Place of Business, *No 121 Penn Ave*

J. H. Keller M. D.
Medical Attendant.

Address *87 N Greene*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17418

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Washington Resin

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 Years, Months, Days.

Color, Color Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 17 Walnut alley

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 2 waters court

Cause of Death, { First (Primary,) Bronchial disease
Second (Immediate,) }
Three or four mo

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 9 1877

{ Undertaker, John C. Gordon
Place of Business, 157 Madison St

Address 157 Madison St

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Barnes

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, one Months, Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

5 Lombard Street

Cause of Death, { First (Primary,) Second (Immediate,) }

Artificial Nursing
Inanition

Duration of Last Sickness,

all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 10 1877

Undertaker, Wm. Las Gray

Place of Business,

Mulberry St.

Address, Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Moller Powers Mother [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Staylor

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Fifty-one Years, Six Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Leather Dealer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 155 N Calvert St

Cause of Death, { First (Primary,) Septicæmia
Second (immediate,) }

Duration of Last Sickness, About fourteen days

All the above information should be furnished by the Physician

Place of Burial Cathedral Cemetery

Date of Burial, May 10 1877

Undertaker, H. M. Jenkins & Son

Place of Business, 10 Light St

Medical Attendant, D. E. Rider M. D.
87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17418

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May the 9th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Keogh

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 84 Years, 5 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Wexford (Ireland)

Duration of Residence in the City of Baltimore, over 20 years

Place of Death, { Give street and number. } Home for the Aged, Corner of John and Valley Streets

Cause of Death, { First (Primary,) Second (Immediate,) } Old age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Catholic Cemetery

Date of Burial, May the 10th

{ Undertaker, Peter Hammert

{ Place of Business, No 317 Mulberry

Jm. Brooke Doyle M. D.
Medical Attendant.

Address 168 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17419*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 9. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Bessie Neesh*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *One* Year, *13* Months, *13* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto. City*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *#380 Maryland St.*

Cause of Death, { First (Primary,) *Scarlatina Maligna*
Second (Immediate,) *Congestion of Brain* }

Duration of Last Sickness, *4 1/2 days*

All the above information should be furnished by the Physician

Place of Burial, *Greenmount Cemetery*

Date of Burial, *May 30th 1877*

Undertaker, *Stewart & McNeal*

Place of Business, *35 Park St* Address *#305 N. Caroline*

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7, 1877
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Martha Purnell
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
Age, Years, 14 Months, 21 Days.
Color, colored Sex, Female
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City, Maryland
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, { Give street and number. } No 19 Dallas St, Baltimore
Cause of Death, { First (Primary,) Second (Immediate.) } Membranous Laryngitis
Duration of Last Sickness, Unknown
All the above information should be furnished by the Physician.
Place of Burial, Baltimore County
Date of Burial, May 8, 1877
{ Undertaker, John M. Lake Place of Business, 52 S. Street }
Address, 341 N. Broadway
J. W. White, M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *17421*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 9th 5 A. M. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ann Marie Schreier*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *64* Years, *0* Months, *0* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Widow*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Prussian Germany*

Duration of Residence in the City of Baltimore, *23 years*

Place of Death, { Give street and number. } *33 Port Ave*

Cause of Death, { First (Primary.) Second (Immediate.) } *Polydipsia*

Duration of Last Sickness, *one or less for 2 years*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *May 11th 1877*

{ Undertaker, *H. M. Gibmeyer*

{ Place of Business, *341 Canton St.*

James E. Donnell M. D.
Medical Attendant.

Address *399 E. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis Frederick Beyer

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 55 Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, { Give street and number. } 487. N. Gay St

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy - 57 hours

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Balte Cemetery

Date of Burial, May 9th 1877

{ Undertaker, Aden Frick Address 862 Fayette St

{ Place of Business, 461 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,
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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17423

No. 17423

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE

State of Death,

...perpetrating the burial, within *twenty-four hours* after the death of the deceased, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF

May 2

BE OBTAINED WITHOUT A PROPER CER

CERTIFICATE OF DEATH.

May 7 7:30

Write legibly and spell correctly. If on infant not named, give names of parents.

Date of Death,

CERTIFICATE
May 22
(Write in)

7:30 P.M.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female

Cross out the word not required in this line.

Age,

60

Year.

Color,

Colored

Married, Single, Widow or Widower
Occupation

Occupation,

the words not
required in this line.

Sr.

~~Months~~

Days.

Birthplace, { State or country (and how
long in the United States, if
of foreign birth.

Lebanon

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and
number. }

Cause of Death, { *First (Primary),*
 Second (Immediate),

113 Winter Street -
Anguina Pectoris

Duration of Last Sickness,

342m

Information should be furnished by the Physician.

Place of Burial, *Shiraz St Cemetery*
Date of Burial, *May 3 1897*
Undertaker, *Samuel*

Date of Burial, *May 9 1877*
Undertaker, *Samuel*

Undertaker, *Shmuel*
Place of Business, *95 St. N. E. base*

(Place of Business) James W. H. Case
New York St

Address *No. 15 M. C. New York & 82*
5th Avenue Street.

M.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OYKH

Board of Health, City of Baltimore,

Permit No. 17424

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Holmann

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~ Male

Age, 57 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, { Give street and number. } 4 Towson St. L. Point

Cause of Death, { First (Primary,) } Continuous hard drink & exposure
{ Second (Immediate,) } Short

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, May 10th 1877

{ Undertaker, Henry Sander N.W. Cor

{ Place of Business, 232 Lombard St. Address Hanover & Barn Sts

R. C. Leach, D. M. D. Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17425

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 9th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Margaret Worthington

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

89

Years,

Color,

White

Months,

Days.

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Sex,

Female

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Spencer, Conn.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

40 years -
L. I. Co. Paragon, S. D. 492

Cause of Death, { First (Primary),
Second (Immediate), }

Cataract

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, 10th May 1898

Undertaker, W. J. M. Decker, Jr.

Place of Business, 16 Light St.

Address

E. A. Davis, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 17426

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John F. Keyser.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years, 9 Months, Days.

Color, White

Married, Single, Widower or Widowed, { Cross out the words not required in this line. }

Occupation, Clerk.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Philadelphia

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, { Give street and number. } N 199 Mulberry St

Cause of Death, { First (Primary,) Second (Immediate,) } Apoplexy.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Baito Cemetery

Date of Burial, May 11th 77

{ Undertaker, B. Keen & Sons

{ Place of Business, 921 Anna St }

L. C. Horn. M. D.
Medical Attendant.

Address N 226 Mulberry St.
per S. W. M.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17427

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

8th May 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Alwin

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

0

Years,

4

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Ward 11 246

Cause of Death, { First (Primary,) Second (Immediate,) }

unknown
Spasm

Duration of Last Sickness,

1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 10th 1877

M. D.

Medical Attendant.

{ Undertaker, Chambers & Co

{ Place of Business, 241 Penn and

Address 120 Pearl St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17428

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elisabeth Jackson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

6 Months,

Days.

Color,

Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

125 Pearl street

Cause of Death, { First (Primary,) Second (Immediate,) }

Lapillary Bronchitis
about 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

A. S. Darling

M. D.

Medical Attendant.

Address

143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Ellis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, abt 70 Years,

Color, C. Sex, F. Months, Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Newford Co Md,

Place of Death, { Give street and number. } 12 Short Alley

Cause of Death, { First (Primary,) Heart Disease
Second (Immediate,) }

Duration of Last Sickness, abt two months

All the above information should be furnished by the Physician.

Place of Burial, Spring Cemetery

Date of Burial, May 11 1877

Undertaker, J. H. House

Place of Business, 12 Howard St

Address 84 East Baltimore St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Gross

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 11 Months, 14 Days.

Color, Black Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 24 Carlton St. Baltimore

Duration of Residence in the City of Baltimore, 11 mo.

Place of Death, { Give street and number. } 338 Rayburg

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 10 1877

Undertaker, J. Shelton Hill M. D. Medical Attendant.

Place of Business, 123 Howard St. Address 432 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17431

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 10 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ernestina E. Rush*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *2* Years, *9* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *city*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *24 E. W. St.*

Cause of Death, { First (Primary.)
Second (Immediate.) } *Double Pneumonia*

Duration of Last Sickness, *4 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 11th 1877*

Undertaker, *Geo Schilling*

Place of Business, *Ashland Square*

Address *—*

Abraham B. Quoad M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

re,
STATISTICS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OBTAINED WITH

May 8th 1877

Peter Johnson

Age, _____ Years, 4 Months, _____ Days.

Ble

Occupation,

Bapt. City

Lebe

Cause of Death, { First (Primary,) ... Artificial Nursing

Artificial Nursing
Instructions

Duration of Last Sickness, *all its Life*

All the above information should be furnished by the Physician.

James A. Stewart M.D.

Address *Commiss of Health
+ Registrar*

Address *Commiss of Health
1 Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and death of illegitimate children.

Information by Hester Johnson mother

Board of Health, City of Baltimore.

Permit No. 174 33

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 9th 1897
Reilly

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 to 48 Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Unknown

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

Unknown

Place of Death, { Give street and number. }

Found drowned in Basin off Mallory Oyster House

Cause of Death, { First (Primary), Second (Immediate), }

Intemperance?

Accidental Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. P. Clements

Date of Burial, May 9th

Undertaker, Charles Strayer

Place of Business, Pratt Heister St.

Edmund G. Prall M. D.
Medical Attendant

Address

Corner M. P. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 9th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Stephen Kuhn*
 Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }
 Age, *44* Years, Months, Days.
 Color, *White* Sex,
 Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }
 Occupation, *Sailor*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany 20 yrs in U.S.*
 Duration of Residence in the City of Baltimore, *16 yrs in Balt*
 Place of Death, { Give street and number. } *St. Alph. Hospital*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Hepatic Abscess*
Acute Peritonitis
 Duration of Last Sickness, *Not known*
All the above information should be furnished by the Physician.
 Place of Burial, *St. Alphonsus*
 Date of Burial, *May 10th 1877*
 Undertaker, *H. Schultze*
 Place of Business, *Monument St*
 Address, *188 N. Calvert St*
 Oscar J. Coker M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ore,
TAL STATISTICS.

Permit No. 17435

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

.....

May. 10th. 77.

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary M. Hooper

Female,

6. Years, 8. Months, — —

White

~~Married, Single, Widow or Widower,~~ {Cross out the words not
required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } . *Chilton Baltimore Co. Md.*

Duration of Residence in the City of Baltimore, . . .

Place of Death, { Give street and number. } 4th. Stricker St. (Extended)
(First Name) Minnie A. L.

Cause of Death, { First (Primary,) Meningitis
Second (Immediate,) Typhoid fever.

Duration of Last Sickness, *2 weeks*

Place of Burial, *Balta Cemetery*

Date of Burial, *May 11th 1877*

H. H. Morris M. D.
Cor. Stricker & Prudden Medical Attendant.

(Undertaker, Fred Warner

Undertaker, *Frederick Warner*

Place of Business, No 4 & Grand Hall Avenue
Address, P.O. Box 12.
Cor-Preston & Carey.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17436

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Rosee S. Sarduck

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

6

Years,

1

Months,

8

Days.

Color,

White

~~Married~~, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

317 Ramsey
Pharyngitis Cough
Pneumonia
three weeks

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

May 11th 1877

Undertaker,

A. B. Cook

Place of Business,

107 W. Baltimore Street

J. G. Linticum M. D.
Medical Attendant.

Address 107 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17437

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 7 Months, 24 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, child

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Manchester England

Duration of Residence in the City of Baltimore, nearly all life

Place of Death, { Give street and number. } 34 W. Baltimore St

Cause of Death, { First (Primary,) } Whooping Cough
{ Second (Immediate,) } do

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 11th 1877

{ Undertaker, Henry H. Mears } Address 86 E. Fayette St

{ Place of Business, 415 N. Gay St }

Medical Attendant, L. A. Johnson M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 10 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

35 Years,

Color,

White

2

Months,

24

Days.

Married, Single, Widow or Widower,

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First (Primary), Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial,

Undertaker, George Rodenmayr

Place of Business, 38 Enoch Street

Address 18 Chesapeake St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17489

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida Virginia Jones
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 3 Years, 9 Months, Days.
Color, Light Copper
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, None
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, Three years & 9 months
Place of Death, { Give street and number. } No 16 Brewster St
Cause of Death, { First (Primary,) Cold
Second (Immediate,) Phtisis Pulmonalis
Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 11th 1877

{ Undertaker,

{ Place of Business,

C. F. Bohm

M. D.

Medical Attendant.

Address Cor Dolphin & Pop Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

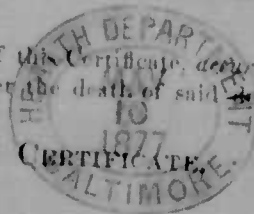
Board of Health, City of Baltimore.

Permit No. 17440

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 10

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Hines

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 45 Years,

Color, White Months, Days.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } 9, White St

Cause of Death, { First (Primary,) Chronic Debility
Second (Immediate,) Nephritic Complication }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Saint Paul's Cemetery

Date of Burial, May 16 1877

{ Undertaker, James Brick J. Hamuth }

{ Place of Business, 1200 E. Pratt St. } Address

Charles A. Donohue M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17441*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 9th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ann McHenry*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Seventy two* Years, Months, Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *all her life*

Place of Death, { Give street and number. } *at Mr J. W. Damman's Lamale St below Myrtle Ave and Fremont St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Arthemia*

Duration of Last Sickness, *Several months*

All the above information should be furnished by the Physician.

Place of Burial, *old Cathedral Cemetery*

Date of Burial, *May 11th 1877*

{ Undertaker, *W. H. Jenkins Sen*

{ Place of Business, *16 Light St*

J. H. Chasard M. D.
Medical Attendant.

Address *1114 Park Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miss Maria Bailey
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, about 35 Years, Months, Days.
Color, Blk
~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }
Occupation, Servant
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Taylors Isld, Dorchester Co
Duration of Residence in the City of Baltimore, 11 years
Place of Death, { Give street and number. } 7 Seldner Street
Cause of Death, { First (Primary,) Second (Immediate,) } Cold & Exposure
Consumption
Duration of Last Sickness, one year
All the above information should be furnished by the Physician.
Place of Burial, M. Pub Cemetery
Date of Burial, May 10th 1877 J. A. Stearns M. D.
M. M. C. Perry
Undertaker, Pratt St
Place of Business, Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information, Mary Wilson her Neice [OVER.]

Board of Health, City of Baltimore,

Permit No. 17443

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

of Death,

Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ann. Eliza Higdon

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Years,

Color,

White

Months,

Four (4)

Days.

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 40. Myrtle St

Cause of Death,

First (Primary),

Second (Immediate),

Enter absence of Rectum

Duration of Last Sickness,

Four days

(malformation)

All the above information should be furnished by the Physician.

Place of Burial,

Mount Airy

Date of Burial,

May 11th 1877

Snodgrass

M. D.

Medical Attendant.

Undertaker,

Matthias Derr

Place of Business,

263 Leght

Address

140 Scott St
(on other side)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 9th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Cairns

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

8

Months,

Days.

Color,

Brown

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt.

Duration of Residence in the City of Baltimore,

During life

Place of Death,

{ Give street and number. }

272 Montgomery st.

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Typhoid Fever
2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Mary's Church

Date of Burial,

May 10th 1877

R. M. Hall

M. D.

Medical Attendant.

{ Undertaker,

W. B. Hall

{ Place of Business,

St. Mary's Church

Address

266 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17445

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT
MAY 11 1877
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas. W. Lawrence
Sex, Male ~~Female~~, { Cross out the word not required in this line. }
Age, _____ Years, _____ Months, 7 Days.
Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary Johnson Medwith [OVER]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gottlieb Haas

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 41 Years, 2 Months, 21 Days.

Color, White

Married, Single, Widower or Widowed, { Cross out the words not required in this line. } Single

Occupation, Watch-maker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baden, Germany, In U.S. since 1866

Duration of Residence in the City of Baltimore, Since his arrival from Germany

Place of Death, { Give street and number. } Cor. N. W. of Hamstead & Bond Sts.

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis Pulmonalis

Duration of Last Sickness, Since last Fall

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, May 11th 1877

Undertaker, R. Eckhard

Place of Business, 249 Canton Ave

Address 243 Alice Anna St.

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Victor Pulley

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 11 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 74 S. Ann St.

Cause of Death, { First (Primary,) } Profusis
{ Second (Immediate,) }

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery Phil. Road

Date of Burial, May 13/77

{ Undertaker, Hughes & Co
{ Place of Business, 165 Broadway

James E. Downille M. D.
Medical Attendant.

Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 10th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sarah A. Bacon.

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Twenty Eight Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Dress maker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Cecil Co.

Duration of Residence in the City of Baltimore,

(Philadelphia)

Place of Death, { Give street and number. }

41. South Caroline St.

Cause of Death, { First (Primary), Second (Immediate), }

Emphysema from Phthisis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cem

Date of Burial,

May 11th 77

{ Undertaker,

Jahn W. Sochs

{ Place of Business,

59 Wolfst St

A. G. Ireland

M. D.

Coroner & Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17449*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. *MORE.*

CERTIFICATE OF DEATH.

Date of Death, *May 10 - 1877*

Full Name of Deceased, *Sarah Gorsuch*

Sex, *Male* or Female, *Female*

Age, *Sixty nine* Years, Months, *Seven* Days.

Color, *White*

Married, *Single*, *Widow* or *Widower*

Occupation, *House Keeper*

Birthplace, *Bladenburg Prince George Co Md*

Duration of Residence in the City of Baltimore, *for five years*

Place of Death, *No 100 N Eutan St*

Cause of Death, *Disease of Brain*

Duration of Last Sickness, *About two months*

All the above information should be furnished by the Physician

Place of Burial, *Mount Olivet Cemetery*

Date of Burial, *May 12th 1877*

Undertaker, *Jacob Weaver*

Place of Business, *204 1/2 E. Pratt St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th May 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carry Putts

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 10 Years, Months, Days.

Color, White Sex, Girl

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 294 W. Lexington St. W. Fayette St

Cause of Death, { First (Primary,) Scarletina Maligna
Second (Immediate,) Brain Effusion

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olive Cemetery Geo. G. Brewer

Date of Burial, May 12th 1877

M. D.

Medical Attendant.

{ Undertaker, John Maccher

{ Place of Business, 16150 Camden

Address 258 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *17451*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Monday 10th of May 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John H. Ware*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, *20 years* Years, *2* Months, Days.

Color, *(Cauc)* Sex, *Single*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Porter*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Virginia*

Duration of Residence in the City of Baltimore, *3 years*

Place of Death, { Give street and number. } *Water St 1027 Baltimore*

Cause of Death, { First (Primary,) *Incipient Phthisis Pulmonalis*
Second (Immediate,) *Pneumonia*

Duration of Last Sickness, *4 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Lanark Cemetery*

Date of Burial, *May 13th 1877* *Jas. S. Fuller. M. D. Medical Attendant.*

{ Undertaker, *Chesnut St 1100*

{ Place of Business, *341 Penn Ave* Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th May 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis F. Schenkens.
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, Seventy Six. Years, Months, Days.
Color, White. Sex,
Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }
Occupation, Priest.
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Wintertburg Germany.
Duration of Residence in the City of Baltimore, About Fifteen years.
Place of Death, { Give street and number. } 101. Saratoga St. on Park at -
Cause of Death, { First (Primary,) Jaundice. Biliary Calculus.
{ Second (Immediate,) Exhaustion from Jaundiced Condition.
Duration of Last Sickness, About Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Church. McCham Bicker M. D.
Date of Burial, May 12th Medical Attendant.
{ Undertaker, Henry Baumann Address 47. Franklin St.
{ Place of Business, 45 - Clay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

May 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Henry Seidenzahn

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

54.

Years,

10.

Months,

27.

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Shoemaker

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

31 years

Place of Death,

Give street and number.

232 North Dallas Street

Cause of Death,

First (Primary),

Strangulated Indirect Pyloric Hernia

Second (Immediate),

Intestinal Gangrene

Duration of Last Sickness,

Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial,

St. Matthew Cemetery

Date of Burial,

May 13, 1877

J. W. Soldner M. D.
Medical Attendant.

Undertaker,

Chas. R. Roesing

Place of Business,

136 E. Market

Address

29. S. Sharp Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 174541

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross on the word not
required in this line.

Age,

Years,

1) Month Months,

Days.

Color,

Whole

See,

Married, Single, Widow or Widower, { Cross out the words not }
required in this line. }

Occupation,

Birthplace, { State or country (and how
long in the United States, if
of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and
number. }

First (Primary),

Cause of Death, } Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

(Undertaker,

Place of Business,

M. D.

Medical Attendant.

Adrian

*Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 17485

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Boidena Crossley
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, 1 Years, 6 Months, Days.
Color, Col^d
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 171 West Street
Cause of Death, { First (Primary,) Whooping Cough
Second (Immediate,) Exhaustion
Duration of Last Sickness, 4 months
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, May 12th 1877 James A. Stewart M. D.
{ Undertaker, Hercules Ross
{ Place of Business, West St Address, Commission of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by James Crossley Father [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 10, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

May M. Lawrence

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

15 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

No. 207 S. Chestnut St

Cause of Death, { First (Primary), Second (Immediate), }

Erysipelas
Spasms

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem

Date of Burial, May 12, 1877

Undertaker, M. A. Daiger

Place of Business, 74 S B'wy

M. J. Bates M. D.
Medical Attendant.

Address 211 N. Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } R. J. C. Sanders

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 56 Years,

Color, White Months, Days.

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, Seaman

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Maryland

Place of Death, { Give street and number. } Balt. Infirmary

Cause of Death, { First (Primary,) Dysentery
Second (Immediate,) Asthenia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 12th 1877

Undertaker, Charles F. Fernald

Place of Business, 161 Hanover Street

J. A. Ashby

M. D.

Medical Attendant.

Address Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17458

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 37 Years, 10 Months, Days.

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Apr. 13th 1877

{ Undertaker, Charles F. Howard }

{ Place of Business, 161 Hanover Street }

Address

City

H. B. Noble & A. W. Webster M. D.
Medical Attendant, D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1897 Spangenberg
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Wm Othobine Spangenberg
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 2 Years, 8 Months, 9 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, City
Birthplace, { State or country (and how long in the United States, if of foreign birth.) }
Duration of Residence in the City of Baltimore, 2 of 8 or 9 days
Place of Death, { Give street and number. } 418 W Lombard St
Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,) Hooping Cough
Duration of Last Sickness, Six days
All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemetery
Date of Burial, May 18th J. E. Enteline M. D.
Medical Attendant.
{ Undertaker, C. Wiegand
Place of Business, 53 Third Hill Ave } Address 582 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 174 60

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 11th 1894

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Martin Otendel Lohmes

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

4

Months,

13

Days,

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

None

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

189 S. Durham St.

Cause of Death,

First (Primary.)

Gastro-Intestinal Catarrh

Second (Immediate.)

Convulsions

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 13th 1894

Undertaker,

Edgar Eckhardt

Place of Business,

269 Canton St.

Address

68 S. Broadway

James G. McKean M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17461

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Patrick Nolan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 9 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto -

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 137 Vine St

Cause of Death, { First (Primary.) Pseudo Membranous Croup -
Second (Immediate.) }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, May 12th 1877

Undertaker, P. Kimmert

Place of Business, 314 Mulberry St

Address 279 W. Lombard

Edw. J. McKeown M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17462

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 12th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Louis Lindner*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *28* Years, *5* Months, *25* Days.

Color, *White* Sex, *male*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Laborer*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *79 Front St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Brain trouble*
coma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore*

Date of Burial, *May 13th 1877* *G. Libman* M. D.
Medical Attendant.

{ Undertaker, *James P. Byrne* Address

{ Place of Business, *6 E. N. Front St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Smith
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, 26 Years, Months, Days.
Color, Blk

~~Married~~, Single, ~~Widow~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Information by John Charles Williams, M.D. [OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11/77
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. H. Schall
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, ——— Years, Eleven Months, ——— Days.
Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } No 408 Eastern Av.

Cause of Death, { First (Primary.) Second (Immediate.) } Pneumonia

Duration of Last Sickness, three days

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel Church

Date of Burial, May 13/77

{ Undertaker, E. Schallert

{ Place of Business, 214 Eastern Av.

Address

12 E. Federal St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. 17465

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel R. Sumwalt
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 30 Years, 11 Months, Days.
Color, White Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Clerk of Lexington Market
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Annapolis, Md.
Duration of Residence in the City of Baltimore, About 25 yrs
Place of Death, { Give street and number. } 74 St. Fremont St.
Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Exhaustion
Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet
Date of Burial, May 12th 1877
{ Undertaker, J. H. Bazzard Address 307 W Fayette St.
{ Place of Business, 201 Pen av
Benjamin Whitley M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17466

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th Mo 11th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary J. Kneen.
Sex, Male or Female, { Cross out the word not required in this line. } female
Age, 53 Years, Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married.
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore.
Duration of Residence in the City of Baltimore, during life
Place of Death, { Give street and number. } 291 W Pratt St
Cause of Death, { First (Primary,) Softening Brain
Second (Immediate,)
Duration of Last Sickness, 4 months
All the above information should be furnished by the Physician.
Place of Burial, London Park Cemetery
Date of Burial, May 13th 1877
{ Undertaker, Wm. H. Fisher } W. Riley M. D. Medical Attendant.
{ Place of Business, 150 Camden St. } Address, 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Hoffmann
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 4 Years, 2 Months, 14 Days.
Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 4 yrs 2 mos 14 das

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery & Co. M. D.
Date of Burial, May 13, 1877 Medical Attendant.

{ Undertaker, Henry Stock Address 179 8th Avenue
{ Place of Business, 309 Central Ave }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17468*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles Rogers

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Three* Years, *Six* Months, *—* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Monument St. Balto City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

Leah Hill Eaton Section of Ch

Cause of Death, { First (Primary), Second (Immediate), }

Chronic Abscess (Prostate)

Pyæmia - or Pyæmia

Duration of Last Sickness,

Three Weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

May 13 1877

A. J. Howard

M. D.

Medical Attendant.

{ Undertaker,

John H. Cook

Address

75 N. Broadway

{ Place of Business,

104 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Anna Raikes

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

✓ / ✓ / ✓

Age,

— Years,

3 Months,

— Days.

Color,

white

~~Married~~ Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City.

Duration of Residence in the City of Baltimore,

Since birth.

Place of Death,

Give street and number.

326 Canton St.

Cause of Death,

First (Primary,)
Second (Immediate,)

Convulsions

Duration of Last Sickness,

12 hours.

All the above information should be furnished by the Physician.

Place of Burial,

Trinity Cemetery

Date of Burial,

May 12th 1877.

Aug. F. Erich

M. D.

Medical Attendant.

Undertaker,

L. Ritz

Place of Business,

No. 127 1/2 S. Broadway

Address

94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th May 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Adams

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 29 Years, Months, Days.

Color, white Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Lady

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 278 Hollins St.

Cause of Death, { First (Primary,) } Consumption
{ Second (Immediate,) }

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenbury Cemetery

Date of Burial, May 13 1877

{ Undertaker, The Johns & Co } Address 274 Hollins St.

{ Place of Business, 630 Fayette St. }

John Hood, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17471*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 1st*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Thomas Gordon*
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, — Years, *3* Months, *2* Days.
Color, *Car*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
Duration of Residence in the City of Baltimore, *"*

Place of Death, { Give street and number. } *33 Walnut Alley*

Cause of Death, { First (Primary,) } *Thrush*
{ Second (Immediate,) }

Duration of Last Sickness,
All the above information should be furnished by the Physician.

Place of Burial, *at Laurel Hill*
Date of Burial, *May 12 1877*

{ Undertaker, *John C. Jordan* }
{ Place of Business, *Park ave* }
Address *197 Pearl St*

W. M. Austin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17472

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Betty Tarry

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 19 Years,

Months,

Days.

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Virginia

Duration of Residence in the City of Baltimore, 10 Months -

Place of Death, { Give street and number. } 274 Obedenburgh St

Cause of Death, { First (Primary,) ... Second (Immediate,) } Typho Malaria Fever

Duration of Last Sickness, 4 weeks -

All the above information should be furnished by the Physician

Place of Burial, Dallas st cemetery

Date of Burial, May 13th 1877

Undertaker, Theodore J. Locks

Place of Business, 56 Jefferson st

Wm. L. Russell M. D.
Medical Attendant.

Address Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

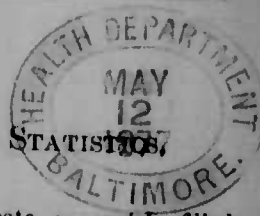
[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *17473*

OFFICE OF REGISTRAR OF VITAL STATISTICS



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 11*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Miss Caroline Augusta*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*
Age, *6 1/2* Years, *one* Months, *5* Days.
Color, *White* Sex, *Female*
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*
Occupation, *None*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *North Avenue near John Street*
Cause of Death, { First (Primary,) *Cancer of stomach*
Second (Immediate,) *6 months*
Duration of Last Sickness, *6 months*
All the above information should be furnished by the Physician.
Place of Burial, *Greenwood Cemetery E. R. Bar*
Date of Burial, *May 12 1877* M. D.
Undertaker, *John Shearer* Medical Attendant.
Place of Business, *Rocky Sh* Address *142 Bolton street*
No 486 Grand Hill Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17474*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 11 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Bridgeport*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *54* Years, Months, Days.

Color, *W*

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }

Occupation, *W*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *fifty years*

Place of Death, { Give street and number. } *N. 209 Park Ave*

Cause of Death, { First (Primary.) Second (Immediate.) } *Pneumonia*

Duration of Last Sickness, *one year*

All the above information should be furnished by the Physician

Place of Burial, *New Cathedral Cem*

Date of Burial, *May 13th 1877* M. D.

Undertaker, *Chas T Scriven* Medical Attendant.

Place of Business, *271 N Eutan St* Address *28 Franklin*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17475



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Robert Hammett

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 Years, 3 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Carroll Co. Md.

Duration of Residence in the City of Baltimore, 15 months

Place of Death, { Give street and number. } 297 Walsh St

Cause of Death, { First (Primary,) Second (Immediate,) } Sphaculation of Pharynx & Larynx

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, Hamstead Md.

Date of Burial, May 14th 1877

Undertaker, { Place of Business, } Address 55 N. Greene St

H. F. A. Kemp M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, *May 11th 1877*

Full Name of Deceased, *Mary Whittington*
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, *Female*
{ Cross out the word not required in this line. }

Age, *8 3rd* Years, Months, Days.

Color, *Black*

Married, Single, Widow or Widower, *Widow*
{ Cross out the word is not required in this line. }

Occupation, *Widow*

Birthplace, *Centerville, Md*
{ State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *3 1/2 years*

Place of Death, *Leisurely*
{ Give street and number. }

Cause of Death, *Apoplexy*
{ First (Primary.) Second (Immediate.) }

Duration of Last Sickness, *one month*

All the above information should be furnished by the Physician

Place of Burial, *Laurel Cemetery*

Date of Burial, *May 12th 1877*

Undertaker, *William J. Gay*

Place of Business, *65 Mulberry St*

Address *207 N. Main Ave*

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

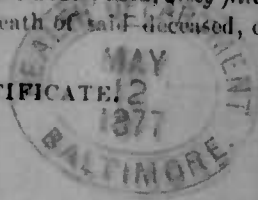
Board of Health, City of Baltimore,

Permit No. *17477*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *May 12 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Clarence D. Hill*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *11* Years, *9* Months, *1* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *4 years*

Place of Death, { Give street and number. } *231. Cross Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Hydrocephalus*

Duration of Last Sickness, *Two Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *May 13 77* *M. L. Mitchell* M. D.
Medical Attendant.

{ Undertaker, *W. H. Mason*

{ Place of Business, *48 S. Howard St* Address *Residence 137 N. Holliday St*
Office Cor. Pump & Jones St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

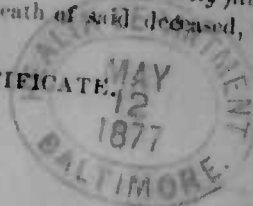
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 10.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Charlotte Butler

Sex, Male or Female,

Cross out the word not required in this line.

Age,

26 -

Years,

Color,

Black

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

38 Hill

Cause of Death,

First (Primary.)

Pneumonia

Second (Immediate.)

Chronic diarrhoea

Duration of Last Sickness,

1 Year

All the above information should be furnished by the Physician.

Place of Burial,

Mount Vernon

Date of Burial,

May 13, 77

Undertaker,

W. H. Thomas

Place of Business,

W. H. Thomas

Address

146 Hudson St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17479*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Leah Edwards

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

22

Years,

Months,

Days,

Color,

Colored

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Solvent

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Ann. Arundel Co. Md.

Duration of Residence in the City of Baltimore,

10 years

Place of Death,

Give street and number.

141 Beland St.

Cause of Death,

First (Primary),

Second (Immediate),

Pneumonia

Debility

Duration of Last Sickness,

about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

W. 11th St.

Date of Burial,

May 13 77

Undertaker,

W. H. H. H.

Place of Business,

148 Howard St.

Address

163 E. Pratt St.

City

C. S. Johnson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 7747

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, May 12 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Crisfield
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 2 Years, 4 Months, Days.
Color, Marlate
Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } 142 Rabury street
Cause of Death, { First (Primary.) } Bronchitis
{ Second (Immediate.) }
Duration of Last Sickness, about two weeks
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, May 13 1877
Undertaker, Wm T Dungle
Place of Business, No 10 station st Address 143 Rabury street
M.D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17481*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 12 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Julia Darry*

Sex, *Male* or Female, Cross out the word not required in this line.

Age, *60* Years, Months, *7* Days.

Color, *Mulatto* Sex, *Female*

Married, Single, Widow or ~~Widower~~, Cross out the words not required in this line. *Widow.*

Occupation, *Laundress*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Howard Co. Md.*

Duration of Residence in the City of Baltimore, *35 years*

Place of Death, Give street and number. *No 88 Morris St. Balto City*

Cause of Death, First (Primary,) Second (Immediate,) *Bright's Disease of Kidney Action*

Duration of Last Sickness, *One year*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery* *J. Morris Murray* M. D.
Medical Attendant.

Date of Burial, *May 13th 1877*

{ Undertaker, *Jm. James Gray* Address *91 Cookedrae St*
{ Place of Business, *65 Mulberry St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17482*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 12th 1897*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles Sullivan*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *17* Years, *5* Months, *26* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Richmond Va*

Duration of Residence in the City of Baltimore, *12 Years*

Place of Death, { Give street and number. } *No 299 S. Lamar St*

Cause of Death, { First (Primary,) } *Phthisis*

{ Second (Immediate) } *Tuberculosis*

Duration of Last Sickness, *One Year*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *May 14th*

Undertaker, *Henry Brice*

Place of Business, *Henrietta St*

J. G. Mumbly M. D.
Medical Attendant

Address *207 S. Down Lane*

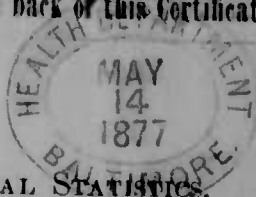
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,



Permit No. *17483*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 12th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George Frederick Goethaus*
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, *4* Years, *6* Months, Days.
Color, *White* Sex, *Male*
~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*
Duration of Residence in the City of Baltimore, *4 years 6 months*
Place of Death, { Give street and number. } *Belmor Street, 2nd corner North of Patterson av.*
Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria Scarlatina*
Duration of Last Sickness, *5 days*
All the above information should be furnished by the Physician.
Place of Burial, *Green Mount Cemetery*
Date of Burial, *May 14th 1877* *Wm Morris* M. D.
Medical Attendant.
{ Undertaker, Place of Business, } *Henry H. Means* Address *7 Franklin St.*
45 N Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

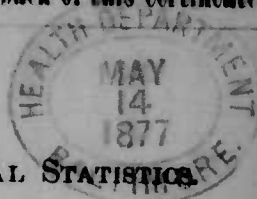
[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *17484*



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

~~Sex, Male or Female,~~ { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Sex,

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death,

{ First (Primary),

Second (Immediate); }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 17488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edgar Allen

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, 13 Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore County

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 43 Sharp St Alley

Cause of Death, { First (Primary,) Second (Immediate,) } Teething
Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Lansal cemetery

Date of Burial, 13 May 4 66

Undertaker, George B. Rodenberry

Place of Business, 38 Union

Geo L. Rice M. D.
Medical Attendant.

Address 37 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 13th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Lizzie A. Gorsuch

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

3

Months,

14

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

7 Somerset St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Marasmus

Duration of Last Sickness,

9 months

All the above information should be furnished by the Physician

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 15th 1877

Undertaker,

Geo Schilling

Place of Business,

Adams St

Address

Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and death of illegitimate children.

Information by Geo Schilling Undertaker

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17487

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 13 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Robert Sophia May*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *one* Years, *one* Months, *one* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*

Date of Burial, *May 14 1877* *James A. Stensby* M.D.

Undertaker, *Chas. F. Hobbs*

Place of Business,

Address *Comm. of Health Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Supernaturally John May Father (OVER.)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17488

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph B. Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, _____ Years, four Months, nine Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Infant

Occupation, "

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give street and number. } 18 Walsh St.

Cause of Death, { First (Primary,) Pertussis
Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 14, 1877

{ Undertaker, Chemours & Co. Address 431 Penna. Ave.

{ Place of Business, 341 Penna. Ave.

M. D. J. Christian
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 12th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Edwin Miller*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *6* Years, *2* Months, *3* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *23 Pearl St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Apoplexy*

Duration of Last Sickness, *2 1/2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *May 14th 1877*

{ Undertaker, *William Tiekner* Address *10213 N. Lombard St.*

{ Place of Business, *Eutaw St near Camden*

Emilio M. Humber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *17490*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 13, 1871*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Manie*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, _____ Years, *17* Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *No. 1711 S. Chestnut St.*

Cause of Death, { First (Primary.)
Second (Immediate.) } *Hydrocephalus*

Duration of Last Sickness, *8 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *May 14*

{ Undertaker, *Wendelin Dippel*
Place of Business, *S. Bond St. 151*

Address _____

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 17491
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13. May 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katharina Gallian
Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }
Age, 63. Years, Months, 16. Days.
Color,
Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany.
Duration of Residence in the City of Baltimore, 15 years.
Place of Death, { Give street and number. } 134 N. Spring
Cause of Death, { First (Primary,) Second (Immediate,) } Consumption
Duration of Last Sickness, 6. Months
All the above information should be furnished by the Physician.
Place of Burial, Balto Cemetery
Date of Burial, May 13 1877
{ Undertaker, J. H. 16. Backmark Address
{ Place of Business, 16 Bank St

J. Mathias M. D.
Medical Assistant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *17492*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 13, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Margarette Schneider*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *50* Years, _____ Months, _____ Days,

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *24 yrs.*

Place of Death, { Give street and number. } *130 Somerset St.*

Cause of Death, { First (Primary) Second (Immediate) } *Phthisis Pulmonalis*
Exhaustion

Duration of Last Sickness, *22 months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Ch.*

Date of Burial, *May 13, 1877*

Undertaker, *Henry Hoch*

Place of Business, *307 N. Central St.*

A. Hartman M.D.
Medical Attendant

Address *2305 N. Caroline St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 17493
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.



Permit No. 17493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

56

Years,

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

Thirty Years

Place of Death, { Give street and number. }

No 69 Somerset St

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthisis Pulmonalis
Paralysis of the heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St Stephens Ch

Date of Burial,

May 15 1877

Undertaker,

Henry Black

Place of Business,

369 N. Central Ave

Address

60 Maryland Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17494*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 18th 1877.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents }

Laurence Arnold

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Two

Years,

Three

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

195 Eastern Ave.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Inflammation of bowels.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

H. Alphonso Hunt

Date of Burial,

May 14th

Undertaker,

M. Funk

Place of Business,

No. 35 Bank St

Address

Coroner E. D.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17495*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 13th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Addie Jeffum McCarley*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, *18* Months, _____ Days.

Color, _____

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore, *18 months*

Place of Death, { Give street and number. }

No 15 Middle St

Cause of Death, { First (Primary.) Second (Immediate.) }

*Pneumonia
Convulsions*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 15th 1877*

{ Undertaker, *Mr. W. Wickman*

{ Place of Business, *234 N. Gay St.*

Wm. L. Turner M. D.
Medical Attendant.

Address *Broadway & Madison St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17496

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 14th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Swann*
Sex, *Male or Female*, { Cross out the word not required in this line. } *Female*
Age, *Two* Years, *Three* Months, Days.
Color, *Black* Sex, *Female*
Married, Single, Widow or *Widower*, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*
Duration of Residence in the City of Baltimore, *Since birth*
Place of Death, { Give street and number. } *127 Walnut Alley*
Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, *Western Public Cemetery*
Date of Burial, *May 14th* *Sam. H. Anderson* M. D.
{ Undertaker, *M. H. E. Perry* Medical Attendant.
{ Place of Business, *448 W. Pratt St.* Address *Franklin & Pine*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 17497

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 13th 1877-

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Helen Macon -

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

2

Years,

4

Months,

Days.

Color,

Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. Md -

Duration of Residence in the City of Baltimore,

Since birth -

Place of Death, { Give street and number. }

31 Wagon Al -

Cause of Death, { First (Primary),
Second (Immediate). }

Capillary Bronchitis

Duration of Last Sickness,

About six weeks -

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Benjamin Whitney M. D.
Medical Examiner.

Address

"Baltimore Dispensary"

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 17498

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 12. 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Indiana Chew

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Five

Years,

Months,

Five

Days.

Color,

Black

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Infant

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

All life

Place of Death,

Give street and number.

28 Vine St.

Cause of Death,

First (Primary,)

Tuberculosis

Second (Immediate,)

Convulsions

Duration of Last Sickness,

Five months

All the above information should be furnished by the Physician.

Place of Burial,

Mount Vernon

Date of Burial,

May 15. 77

M. D.

Medical Attendant.

Underlaker,

Mount Vernon

Place of Business,

181 Howard Ave.

Address

431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17499*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *13th May 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *D. F. Deffler*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *64* Years, Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Seaman*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *Va*

Place of Death, { Give street and number. } *Bulb. Infirmary*

Cause of Death, { First (Primary,) *Cystitis*
Second (Immediate,) *Pyæmia* }

Duration of Last Sickness, *two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Vincent Cemetery*

Date of Burial, *May 14th 1877*

{ Undertaker, *John Stacher*
Place of Business, *150 Camden St.* }

Address *Univ Hospital*

T. A. Ashby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17500*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *May 14, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Bernadette*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, Years, *7* Months, *week* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *London*

Duration of Residence in the City of Baltimore, *6 weeks*

Place of Death, { Give street and number. } *St Vincent's Infant Asylum.*

Cause of Death, { First (Primary), Second (Immediate), } *Marasmus*
asthenia

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*

Date of Burial, *May 15, 1877*

{ Undertaker, *Saul Bowen* Place of Business, *157 Division St* }

Martiny Brewer M. D.
Medical Attendant.

Address *201 W. Pringle St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17501*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henry Hornburg

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

42

Years,

9

Months,

Days.

Color,

White

Sex,

male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Shoe maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

Twenty-five years

Place of Death, { Give street and number. }

Lombard St & 7

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 15 1877

W. M. White, M. D.
Medical Attendant.

{ Undertaker,

Charles Rosenberg

{ Place of Business,

136 E. Bay St.

341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1877 at 5 o'clock P.m.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Rebecca Wesley
Sex, Female, { Cross out the word not required in this line. }
Age, 23 Years, — Months, — Days.
Color, White Sex, Female
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, —
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore m.d.
Duration of Residence in the City of Baltimore, all life
Place of Death, { Give street and number. } Scott St near Gap house
Cause of Death, { First (Primary),
Second (Immediate.) } Consumption
Duration of Last Sickness, 5 months
All the above information should be furnished by the Physician.
Place of Burial, Western Cemetery
Date of Burial, May 15 1877 C. C. Richardson M. D.
Medical Attendant.
{ Undertaker, Charles A. Hendeb
{ Place of Business, 161 N. ... } Address 302 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Henry Watts

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 19 Days.

Color, red 1

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } Little Mc Eldry 21 67

Cause of Death, { First (Primary,) Second (Immediate,) } Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 14. 1877

{ Undertaker, Wm. J. Dunne }

{ Place of Business, No 62 East St }

Address 124 N. E. St

E. C. Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS



Permit No. 17504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Caroline J. Robinson
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, Years, Fifteen Months, Days.
Color, colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Child
Occupation, nothing
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore city Maryland
Duration of Residence in the City of Baltimore, continued
Place of Death, { Give street and number. } 300 N. 8 Court in the rear of 200 S. 8
Cause of Death, { First (Primary,) Infused by a fall
Second (Immediate,) cerebral affections
Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharps St. Burial Ground
Date of Burial, May 15
{ Undertaker, J. Davis
{ Place of Business, 103 Geo St.
M. D. J. D. Dyer
Medical Attendant.
Address No 146 Hill St
Baltimore
MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17505

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Helm

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 14 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 83 Cambridge St

Cause of Death, { First (Primary.) Premature Birth - (7 mos
Second (Immediate.) Convulsions

Duration of Last Sickness, all its life delicate

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, May 15th 1877

{ Undertaker, Hughes & Co

{ Place of Business, Broadway

Address, James A. Steens M.D.
Commiss of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Hughes & Co Undertakers [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No.

~~17506~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 14th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Catherine Ballner

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Fifty four Years,

Seven

Months,

Twenty eight

Days.

Color,

White

Sex,

Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Germany thirty years in the U. S.

Duration of Residence in the City of Baltimore,

thirty years

Place of Death,

{ Give street and number. }

945 W. Pratt St

Cause of Death,

{ First (Primary,)

{ Second (Immediate,)

Pneumonia

Duration of Last Sickness,

five days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 15

Thomas Leppington M. D.
Medical Attendant.

{ Undertaker,

J. P. Paulus

Address

{ Place of Business,

111 Franklin Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

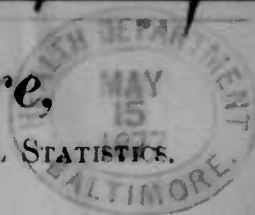
SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17507



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 14 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

H. Orville Frost

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 2 Months, 19 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

78 Hill St

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

May 15th 1877

Undertaker,

Armstrong & Son

Place of Business,

263 Light St

J. W. Webster

M. D.

Medical Attendant.

Address

57 Beune St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 18

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Jarah. A. Akers

Sex, ~~Male~~ or Female,

{Cross out the word not required in this line.}

Age,

5 3/4

Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{Cross out the words not required in this line.}

Occupation,

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Maryland

Duration of Residence in the City of Baltimore,

30 years

Place of Death,

{Give street and number.}

179. Hughes

Cause of Death,

{First (Primary.)}

Stithus

{Second (Immediate.)}

Found dead in bed supposed to be suffocated

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Balt Cemetery

Date of Burial,

May 15 1865

Wendell C. C. C.

M. D.

Medical Attendant.

Undertaker,

Wm. D. D.

Address

146 Hanover St

Place of Business,

263 2nd St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to LINE OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17509*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 14th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henry Williams*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, _____ Years, *17* Months, _____ Days.
Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *since Birth*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, *since Sunday Evening May 13th 1877*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *May 16*

{ Undertaker, _____

{ Place of Business, *1913 Bond St*

Address *299 E. Baltimore St.*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the following

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **17870**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 15th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Chas H Cowman & Louie H Cowman

Sex, Male

~~Female~~

{ Cross out the word not required in this line. }

Age,

~~Years~~

Months,

5 hours

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

120 Bolton St

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

120 Bolton St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Pharyngitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

May 15th 1877

{ Undertaker,

Frederick Weaver

{ Place of Business,

No 486 Grand Hill Avenue

Address

J. H. F. Cowman M. D.
Medical Assistant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry William Getner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 365 Orleans St

Cause of Death, { First (Primary,) Second (Immediate,) } Measels -
Spasm -

Duration of Last Sickness, 2 days -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, 16th May

Undertaker, J. J. Gross

Place of Business, 365 Orleans St Address 137 Orleans St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,



Permit No. *17572*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *John Christ. Neil May 14th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Christ. Neil*
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, *7* Years, *6* Months, *11* Days.
 Color, *white* Sex, *male*
 Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, *Laborer*
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*
 Duration of Residence in the City of Baltimore, *40 years*
 Place of Death, { Give street and number. } *No 41 Spring St*
 Cause of Death, { First (Primary,) *Hypertrophic Prostate*
 { Second (Immediate,) *Cystitis*
 Duration of Last Sickness, *3 weeks*
 All the above information should be furnished by the Physician.
 Place of Burial *Western Cemetery*
 Date of Burial, *May 16th 1877* *G. Lieberman* M. D. Medical Attendant
 { Undertaker, *Phillip J. Dill* Address *68 N. Front St*
 { Place of Business, *183 Columbia Ave.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17573,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frances Lewis Britz
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } (Twin)
Age, _____ Years, 4 Months, _____ Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 17 James Alley
Cause of Death, { First (Primary,) Second (Immediate,) } Convulsions
Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus
Date of Burial, May 16th 1877
Undertaker, C. F. Krause
Place of Business, Hanover St
Address, Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Frances Britz Father [OVER.]

The Special Attention of Physicians is respectfully invited to the following Regulations.

Board of Health, City of Baltimore.

Permit No. 17574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 14th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Wm Joseph Butler

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

1 Year,

7 Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

115 Cross St.

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Pneumonia

Duration of Last Sickness,

One day.

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral cemetery

Date of Burial,

May 16 77

R. J. H. Tall

M. D.

Medical Attendant.

{ Undertaker,

Arnold & Denny

{ Place of Business,

No 163 Light St

Address

158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 14th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Anne Guthrie*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *45* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *County Kerry, Ireland*

Duration of Residence in the City of Baltimore, *27 years*

Place of Death, { Give street and number. } *142 Hudson St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Pneumonia*

Duration of Last Sickness, *6 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *S. Patrick's Cemetery*

Date of Burial, *May 15 1877*

{ Undertaker, *W. A. Daiger* Address *680 Broadway*

{ Place of Business, *74 S. Zing*

James J. McNamee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Moran
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Thirty Years, Months, Days.
Color, White Sex, Male
Married, Single, Widowed or Widower { Cross out the words not required in this line. }
Occupation, Farmer
Birthplace, { State or country (and how long in the United States, if of foreign birth. } A. C.
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } County Wm City Rock
Cause of Death, { First (Primary,) Drowning.
Second (Immediate,)
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, New Cathedral Cem B. G. Ireland M. D.
Date of Burial, May 14 1877 Medical Attendant.
{ Undertaker, M. A. Daiger (Crown E. Dick
{ Place of Business, 74 S. B. Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John B. Bailey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 9 Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary)... Second (Immediate)... } Meningitis

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, May 16th 1877

{ Undertaker, Charles F. Ferrell

{ Place of Business, 161 Hanover Street

R. J. N. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS
MAY 15 1877
BALTIMORE

Permit No. 17578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Sparrow
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 22 Years, Months, Days.
Color, Black
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, 22 years
Place of Death, { Give street and number. } No. 151 Bow St.
Cause of Death, { First (Primary.) Tubercular Consumption
Second (Immediate.)
Duration of Last Sickness, 6 Months
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, May 15th 1877
Undertaker, Wm. A. Dwyer
Place of Business, 102 E. Pratt St.
Address, Broadway
M. D. M. D. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Isaiah Butler

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, — Years,

2 Months, — Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

12 E. alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Pertussis

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15 1877

{ Undertaker, H. A. Chase

{ Place of Business, No 198 Howard St

R. C. Lee M. D.

Coroner 32.

Address Hanover Barr St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(This case did not belong to a Coroner, but as the family [OVER.] have had some trouble about a Certificate, I have accommodated them.)

Board of Health, City of Baltimore,

MAY 15 1877
BALTIMORE

Permit No. 17520

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Picilla Blake

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 11 Years, 4 Months, Days.

Color, Colored Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland (West River)

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number. } 7 Harmony Lane

Cause of Death, { First (Primary,) Pulmonary Consumption
Second (Immediate,) "

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Thomas Opi M. D.

Date of Burial, May 15 1877 Medical Attendant.

{ Undertaker, W. W. Chase Address 396 W. Fayette St
{ Place of Business, 101 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Solicited

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Green Mall

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 25 Years, 6 Months, 4 Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Bar tender

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City, Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } Wash. Univ. Hospital

Cause of Death, { First (Primary.) } Phthisis Pulmonalis
{ Second (Immediate.) }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Calverton Cemetery

Date of Burial, May 16 1877

{ Undertaker, W. Chase } Address, Wash. Univ. Hospital

{ Place of Business, No 178 Howard St }

Medical Attendant, Chas. B. Hughes M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 14 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John William Green

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

1

Years,

3

Months,

Days.

Color,

Col C

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

Liberty Road near Shickel St
4th Ward

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

102 day's

All the above information should be furnished by the Physician.

Place of Burial,

Laural cemetery

Date of Burial,

May 15 1877

Undertaker,

J. C. Jordan

Place of Business,

63 Park Ave

Address

215
Coney Island
Ct

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17523

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Piddy Brannick
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, 100 Years, Months, Days.
Color, Col'd
~~Married~~ Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Cambridge Md
Duration of Residence in the City of Baltimore, 10 Months
Place of Death, { Give street and number. } 29 Hoag's Court
Cause of Death, { First (Primary,) Gen Debility
Second (Immediate,) old age }
Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury E. Cemetery
Date of Burial, May 15th 1877
Undertaker, W. N. Surgeson
Place of Business, East St
Address, Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by, Georgeanna Brown daughter

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17524*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.



Date of Death, *May 14th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Russell*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *32* Years, *1* Months, Days.

Color, *Colored*

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, *Holder.*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *Lex St near Howard,*

Cause of Death, { First (Primary,) Second (Immediate,) } *Intemperance.*

Duration of Last Sickness, *Sudden death*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *May 16th 1877*

Undertaker, *John J. Gray*

Place of Business, *65 Mulberry St*

Address

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

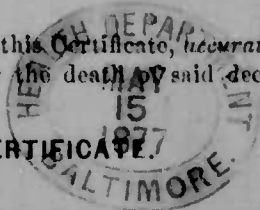
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 14th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Harris
Sex, Male or Femule, { Cross out the word not required in this line. } Female
Age, About 45 Years, Months, Days.
Color, Black Sex, Female
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, Washerwoman
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Eastern Shore of Md.
Duration of Residence in the City of Baltimore, 7 Yrs.
Place of Death, { Give street and number. } 57 Clay St.
Cause of Death, { First (Primary,) Granular Degeneration of Kidneys
Second (Immediate,) Pericarditis (with rapid Effusion)
Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
Date of Burial, May 16th 1877
Undertaker, Wm. J. Gray # Address 125 N. Charles
Place of Business, 65 Mulberry
Eugene F. Cordell M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 14th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Cornelius Sheehan

Sex, Male ~~Female~~

(Cross out the word not required in this line.)

Male

Age,

1 Years,

10 Months,

20 Days.

Color,

white

~~Married, Single, Widow or Widower,~~

(Cross out the words not required in this line.)

Occupation,

Birthplace,

(State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

since born

Place of Death,

(Give street and number.)

120 N. Bond St,

Cause of Death,

(First (Primary,) Second (Immediate,))

(Brain fever)

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician

Place of Burial,

Holy Cross Cemetery

Date of Burial,

May 15th 1877

Undertaker,

Henry A. Mears

Place of Business,

45 N. Gay St

Address

27 N. Broadway

P. G. Dauch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17527

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 14-1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Jacob Thomas

Sex, Male or Female, { Cross out the word not required in this line. }

male

Age,

One

Years,

two

Months,

Days.

Color,

Ed

Sex,

male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

Clarkson's Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Bronchitis

"Exhaustion"

Duration of Last Sickness,

Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Larrick Cemetery

Date of Burial, May 16

C. C. McDowell M. D.

- District Physician -

Undertaker, H. C. C. & Sons

Place of Business, 150. Allen St

Address

University Dispensary
Green & Lombard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate containing, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17528

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th May 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sorina Marshall*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *about 90* Years, Months, Days.

Color, *Black* - Sex,

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Wash-woman*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *West Indies. St Domingo.*

Duration of Residence in the City of Baltimore, *about 60 years* -

Place of Death, { Give street and number. } *51 Frank St.*

Cause of Death, { First (Primary,) *Murder. (old age.)*
Second (Immediate,) }

Duration of Last Sickness, *Had been in the Infirmary there for 6 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Vincent's ground*

Date of Burial, *May 16. 1877*

{ Undertaker, *John G. Gordon*
Place of Business, *13 Park Ave*

W. C. van Bibber M. D.
Medical Attendant.

Address *47. Franklin St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

May 14th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Josephine Evans Fairchild

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

4

Months,

14

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

264 E- Eager St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

264 E- Eager St

Cause of Death, { First (Primary,) Second (Immediate,) }

Tuberculosis
Tubercular Meningitis

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel

Date of Burial,

May 16th 1877

Undertaker,

Wm. Hays

Place of Business,

Broadway

Address

60 Maryland Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17530

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frederick J. Wind

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 47 Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Austria

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and number. } 16 E Lombard 22 years

Cause of Death, { First (Primary,) Sincere
Second (Immediate,) by Lardam (Coroner's Jury Verdict) }

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, May 16th 1877

Edmund D. Perwalski

M. D.

Medical Attendant.

{ Undertaker, Thos D. Hughes }

{ Place of Business, 110 E. Baltimore }

Address, Broomer Ave. P. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elora Herold

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 51 Years, nine Months, Days.

Color, white Sex, Female,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, { Give street and number. } 153 East Fayette St. cor. Fayette St. & Central Ave.

Cause of Death, { First (Primary,) nervous shock, Second (Immediate,) Apoplexy

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. John Morris M. D.

Date of Burial, May 16. 1892. Medical Attendant.

{ Undertaker, H. Hoffman Address No. 5, Franklin St.

{ Place of Business, 63 W. E. Dr. H.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17532*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 14*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George Milbourne*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *2* Years, *6* Months, *—* Days.

Color, *Black*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Maryland*

Duration of Residence in the City of Baltimore, *2 years*

Place of Death, { Give street and number. } *309 S. Eutaw St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Scrophola*

Duration of Last Sickness, *1 year*

All the above information should be furnished by the Physician.

Place of Burial, *Chapel St Cemetery*

Date of Burial, *May 15 77*

Undertaker, *John A. Doerner* M. D. Medical Attendant.

Place of Business, *231 W. Lombard St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17533

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *earlier*, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *18th May 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Thos H Jones*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *11* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word is not required in this line. } *—*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *116 Sharp St.*

Cause of Death, { First (Primary) Second (Immediate) } *Fall, injury the head — Congestion and inflammation Brain*

Duration of Last Sickness, *38 hours*

All the above information should be furnished by the Physician

Place of Burial, *Balto Cemetery*

Date of Burial, *May 17 1877*

Undertaker, *Armstrong & Wemy*

Place of Business, *# 263 Light St.*

A. W. Dodge M. D. Medical Attendant.

201 Hanover St. Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 14 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Louise Kirby

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

7

Years,

11

Months,

22

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

S W cor of Townsend & Bricker Sts.

Cause of Death, { First (Primary,) Second (Immediate,) }

Accep in tonsils

Diphtheria & exhaustion

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

London Park Cem. W. Leaden

M. D.

Date of Burial,

May 16th 1877

Medical Attendant.

{ Undertaker,

Jas. Leane

{ Place of Business,

508 W. Balto St.

Address

130 Arlington Ave

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special attention of Physicians is respectfully invited to the following notice, and to the fact that the same is a part of the regulations of the Board of Health, City of Baltimore.

Board of Health, City of Baltimore,

Permit No. 17535

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 14th 77-

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents. }

Henry Gross

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

One

Years,

min

Months,

Days.

Color, *red*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

11 Courtland St-

Cause of Death, { First (Primary,) Second (Immediate,) }

Capillary Bronchitis

Duration of Last Sickness,

One Week-

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*

Date of Burial, *May 16 3 o'clock*

{ Undertaker, *George C. Rodenmayer*

{ Place of Business, *38 Union St.*

Geo. G. Day M. D.
Medical Attendant.

Address *Balt. Gen'l Disp.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 17536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

5 Years,

7 Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 15, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John J. Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 11 Months, 12 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

Lifelong

Place of Death, { Give street and number. }

423 E. Baltimore St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Measles.

Duration of Last Sickness,

Pneumonia

All the above information should be furnished by the Physician

1 week.

Place of Burial, Green Mt. Cemetery

Date of Burial, May 14th 1877

J. H. Hock M. D.
Medical Attendant.

Undertaker, Hough & Co

Place of Business, 65 S Broadway

Address 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lafayette Cedron

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 3 2 Years, 5 Months, Days.

Color, white

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Doctor of Dentistry Dentistry

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Worcester Mass

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number. } S. W. Cor. Dolphin & Pa Ave

Cause of Death, { First (Primary.) Occlusion of Gall duct
Second (Immediate.) }

Duration of Last Sickness, 4 1/2 years

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, May 16

Undertaker, J. H. Rogers

Place of Business, 201 Penn Address 349

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *175240*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *15th May 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Jes M. Cash.*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, *10* Months, *3* Days.

Color, *White.*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

245 Battie Ave.

Cause of Death, { First (Primary,) Second (Immediate,) }

Ornithion & Diphtheria - Suffocation &

Duration of Last Sickness, *5 Ds*

All the above information should be furnished by the Physician

Place of Burial, *Mount Olivet*

Date of Burial, *May 17 1877*

Undertaker, *C. F. Krause*

Place of Business, *209 Hanover St*

A. M. Dodge M. D.
Medical Attendant.

Address *207 Hanover St, Balto. Md*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17524/1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th May 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Fitzmarris.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Sixty two - Years, Months, Days.

Color, White - Sex,

~~Married~~, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, Laborer -

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland -

Duration of Residence in the City of Baltimore, about Five years -

Place of Death, { Give street and number. } 105, Hollins St.

Cause of Death, { First (Primary,) Albumenuria -
Second (Immediate,) Typhoid -

Duration of Last Sickness, about 2 months -

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, May 16th 1877 W. E. Van Bibber - M. D.
Medical Attendant.

{ Undertaker, John M. Mather,

{ Place of Business, No 150 Camden St. Address 47, Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1757/2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles & Elizabeth Mills
Sex, Male ~~Female~~, { Cross out the word not required in this line. }
Age, _____ Years, _____ Months, 3 Parents Days.
Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Lydia Somerville

Board of Health, City of Baltimore,

Permit No. 175243

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs Mary Phelps

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 80 Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

375 W. Lombard

Cause of Death, { First (Primary), Second (Immediate), }

General Debility and old age

Duration of Last Sickness,

about 5 months

All the above information should be furnished by the Physician.

Place of Burial,

St Peter's Cemetery

Date of Burial,

May 17

Undertaker,

J B Cook

Place of Business,

407 West Patterson St

Address

279 W. Lombard St

Edw. J. Nichollean M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17544

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George William Warner
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 2 Years, 10 Months, 6 Days.
Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } 478 Penn St

Cause of Death, { First (Primary,) } Scarlet fever
{ Second (Immediate,) } " "

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician

Place of Burial, Linden Park Cemetery

Date of Burial, May 16

{ Undertaker, J.B. Cook

{ Place of Business, 707 West Baltimore St

Address 189. Tenth St
H. Warner Fox M.D.
Medical Attendant.
Cor Grant & Mulling

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 175248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth A. Shultz

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 71 Years, Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Liverpool Eng-

Duration of Residence in the City of Baltimore, 8 months

Place of Death, { Give street and number. } 11 South Arlington Ave

Cause of Death, { First (Primary) Pneumonia
Second (Immediate.)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mechanicstown Md

Date of Burial, May 17 1877

Undertaker, ~~Wm. H. Cook~~ S. B. Cook Address 11 S. Arlington Ave

Place of Business, 707 West Butternut St

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 777

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1752/6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14 1894

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L Davidson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Thirty-two Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Shoe Binding

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Me.

Duration of Residence in the City of Baltimore, Twenty-five

Place of Death, {Give street and number.} No 612 W. Baltimore St.

Cause of Death, {First (Primary,) Pulmonary Consumption
Second (Immediate,)}

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Leodown Park

Date of Burial, May 16th

{Undertaker, Blackiston & Son

{Place of Business, 606 W. Balto. St. Address 87 N. Cherry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 178217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Harvey Long

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 5 Years, 8 Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 1152 Eutam Place

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery J. E. Chabard M. D.

Date of Burial, 17th May 1877 Medical Attendant.

{ Undertaker, Wm. Deukity & Son Address 114 Park

{ Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 175248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary Ann Cassin

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 64 Years, Months, Days.

Color, White Sex,

~~Married~~, Single, Widow or ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore Md

Duration of Residence in the City of Baltimore, During her whole life

Place of Death, Give street and number. 63 Mosier St

Cause of Death, First (Primary,) Second (Immediate,) Carcinoma of Breast

Duration of Last Sickness, About 9 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 17th May 1877

Undertaker, W. J. Jenkins & Son

Place of Business, 16 Light St

J. C. Chas

M. D.

Medical Attendant.

Address 141 Laverne St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 175249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John C. Miller

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 49 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Barber

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Wierhembury

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, { Give street and number. } 287 E. Mount St.

Cause of Death, { First (Primary,) Malignant Disease of Stomach
Second (Immediate,) }

Duration of Last Sickness, Since March 25th under my care

All the above information should be furnished by the Physician.

Place of Burial, Immanuel Cemetery

Date of Burial, May 17th 1877

Undertaker, Paul Gode.

Place of Business, 185 East Pratt St.

Address 195 N. E. St.

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17550

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Wm Henry Green*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *Three* Years, *Seven* Months, Days.

Color, *colored*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } *Child*

Occupation, *Nothing*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore city Maryland*

Duration of Residence in the City of Baltimore, *continued*

Place of Death, { Give street and number. } *No. 24 Ohio av,*

Cause of Death, { First (Primary,) *Tubercular Meningitis*
Second (Immediate,) *convulsions* }

Duration of Last Sickness, *from birth*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*

Date of Burial, *May 15th*

{ Undertaker, *J Davis*
Place of Business, *103 Lee St* }

Address *No 146 Hill St Baltimore Md*

J. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17551

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sam'l Rutta Nisier

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

76

Years,

2

Months,

8

Days.

Color,

W

~~Married~~ Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

192 McCulloch St

Cause of Death, { First (Primary,) Second (Immediate,) }

Erysipelas

Hemorrhage Lungs

3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~St. Mary's~~ Green Mount

Date of Burial, May 17th 1877

Undertaker, Jacob Weaver

Place of Business, 1042 Drum Hill Avenue

C. Winslow

M. D.

Medical Attendant.

Address

23 McCulloch St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17552

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 15th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Franciska Breitenbach

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, / Years,

2 Months,

15 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

28 S. Wolfe St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Parotiditis

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cemetery

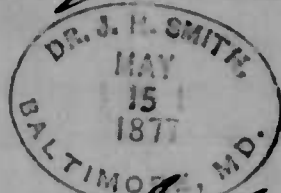
Date of Burial, May 16

{ Undertaker, Wendelin Dippel

{ Place of Business, S. Bond St. 151

Address

168 S. Sharp St.



M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17553.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christina D. M. Anderson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — Years, 3 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } N. Y.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 374 William St

Cause of Death, { First (Primary,) } Pneumonia
{ Second (Immediate,) } Congestion of the Brain

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, May 16 1877 M. D. Medical Attendant.

{ Undertaker, B. Harle } Address 146 Hanover

{ Place of Business, 411 Light St. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17554*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *16th May 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Chas. Duffer*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *20* Years, *20* Months, *20* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *No 40 Abys Alley*

Cause of Death, { First (Primary.) Second (Immediate.) } *Veicular Bronchitis + Enteritis & Exhaustion or Asthma*

Duration of Last Sickness, *12 Days.*

All the above information should be furnished by the Physician

Place of Burial, *Sweet Home*

Date of Burial, *May 17th*

Undertaker, *B. Harle*

Place of Business, *411 Light St.*

A. W. Dodge M. D.
Medical Attendant.

Address *207 W. Anover St
Baltimore Maryland.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17585*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *15 May 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Martha Maday*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *47* Years, Months, Days.

Color, *Black* Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Cook*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *all her life*

Place of Death, { Give street and number. } *174 Park Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *circular's humor*
diarrhea (Gastrointestinal infection)

Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *May 16th 1877*

C. B. Hamble M. D.
Medical Attendant.

Undertaker, *Wm. J. Gray*

Address *41 Richmond Street*

Place of Business, *65 Mulberry St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 17556

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1877.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Caroline L. Phureby

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 41 Years,

Months,

Days.

Color, White

Sex, Female

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, None

Birthplace, State or country (and how long in the United States, if of foreign birth.) Philadelphia Pa

Duration of Residence in the City of Baltimore, 40 years

Place of Death, Give street and number. 556 W. Fayette St.

Cause of Death, First (Primary,) Asthma
Second (Immediate,) Cardiac disease

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 17th 1877

M. D.

Medical Attendant.

Undertaker,

Place of Business,

Address 258 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17557

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th May 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jennie Perlette

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 3 Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —————

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 634 W. Fayette St.

Cause of Death, { First (Primary,) Second (Immediate,) } Malignant Scarlet Fever,

Duration of Last Sickness, 5 days,

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, May 17th 1877

{ Undertaker, Hughes & Co. Address 534 Fayette St.

{ Place of Business, 330 Fayette St.

C. J. Jones, M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

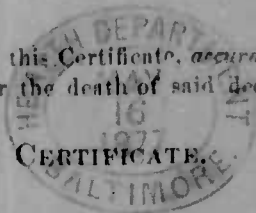
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

May 13th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Noah Kirsch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 Years, 5 Months, 13 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Brass Finisher

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 353 N. Gay St.

Cause of Death, { First (Primary), Second (Immediate), }

Phthisis pulmonalis

Duration of Last Sickness,

about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore City

Date of Burial,

May 18 1894

C. L. Kline

M. D.

Medical Attendant.

{ Undertaker,

Henry Goch

{ Place of Business,

309 Central Ave

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th. 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Singleton R. Bond

Sex, Male ~~or~~ Female, Cross out the word not required in this line.

Age, Seventeen Years, Months, Days.

Color, White Sex,

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, Music Teacher

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. 317 Hollins St

Cause of Death, First (Primary,) Second (Immediate,) Diphtheria

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 17th 1877

Undertaker, *Hughes & Co*

Place of Business, 550 Fayette Address

A. Buffeth M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Worthy Evans

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 15 months Years, _____ Months, _____ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 185 John St

Cause of Death, { First (Primary) Second (Immediate) } Congestion of Lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Lamb Cemetery

Date of Burial, May 17

Undertaker, J.B. Cook

Place of Business, 404 West Baltimore

Address 165 Saratoga St

J.E. Hansen M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17561

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Caroline Scarborough

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Sixty Years, Months, Days.

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Seamstress

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } 234, Pearce St.

Cause of Death, { First (Primary,) Pulmonary Tuberculosis
Second (Immediate,) }

Duration of Last Sickness, About eight months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C

Date of Burial, May 17 - 1877

Undertaker, J. B. Blackinton & Son

Place of Business, 606 Batt St

Samuel H. Henry M. D.
Medical Attendant.

Address 198. Broad Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 16th 1877.
Lucy Perry

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, 4 Months, 5 Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City
Since birth
134 Raborg St
Pneumonia

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) _____
Second (Immediate,) _____ }

Duration of Last Sickness, _____

"
Two days.

All the above information should be furnished by the Physician

Place of Burial, Seacrest Cemetery

Date of Burial, May 17th 1877

{ Undertaker, Abraham Wazmal

{ Place of Business, No 30 Saratoga

John H. Pennington M. D.
Medical Attendant.

Address 98 St Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday May 15th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alden Leonard

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 45 Years, Months, Days.

Color, Negro, Sex, Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Grain Runner

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ---

Place of Death, { Give street and number. } No 21. Davis St

Cause of Death, { First (Primary,) Tuberculosis
Second (Immediate,) Pneumonia

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery, { Signature of Medical Attendant } M. D.

Date of Burial, May 17th 1877

{ Undertaker, Abraham Wagoner, Address 512. Calvert St

{ Place of Business, No 30 South St, Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Grace Campbell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 7 Months, 2 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } W. West cor. Leadenst + Mulberry Sts

Cause of Death, { First (Primary,) Pneumonia, Second (Immediate,) Pleurisy.

Duration of Last Sickness, Ten weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery John Morris M. D.

Date of Burial, May 17 1877 Medical Attendant.

{ Undertaker, James P. Byrne Address No. 5, Franklin St
{ Place of Business, 203 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Barry Donaldson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 8 Laurel St.

Cause of Death, { First (Primary,) Second (Immediate,) } Capillary Bronchitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, St Vincent Cemetery

Date of Burial, May 17 1877

Undertaker, James P. Byrne

Place of Business, No 63 N Front St

Charles H. Thomas M. D.
Medical Attendant.

Address 85 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17566

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 17th 4. A. M.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Adam Hamm*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *8* Years, *8* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *185 E. Lombard*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *8 days*

All the above information should be furnished by the Physician.

Place of Burial, *St Peters Cemetery*

Date of Burial, *May 17/77*

Undertaker, *Ch. H. H. H. H.*

Place of Business, *131 E. Fayette*

Address, *—*

Abraham B. Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mabel M Dndrow

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 0 Months, 0 Days.

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, { Give street and number. } 234 Chew St

Cause of Death, { First (Primary,) Marasmus
Second (Immediate,) Asthenia }

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 18th 1877

{ Undertaker, Geo Schilling
Place of Business, on Light & Monument St }

Address 150 E. E. St.

D. Webster Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17568

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1877. (May 15th 77)

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth E. Edwards

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Sixty three Years, Months, Days.

Color, White Sex, Widow

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Richmond Co Va

Duration of Residence in the City of Baltimore, Eight years

Place of Death, { Give street and number. } 248 W Lombard St

Cause of Death, { First (Primary,) Apoplexy & Paralysis
Second (Immediate,) }

Duration of Last Sickness, About 40 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Dr. S. Clayton M. D.

Date of Burial, May 17th 1877 Medical Attendant.

{ Undertaker, Mrs John H. Weaver Address 18 S Eutan St.

{ Place of Business, 22 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

16th May 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Millie Minn

Sex, Male or Female,

Cross out the word not required in this line.

Age,

5 Years,

Months,

11 Days.

Color,

White

Sex,

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balti City

Duration of Residence in the City of Baltimore,

Lifetime.

Place of Death, Give street and number.

47 N Poppleton St.

Cause of Death,

First (Primary),

Second (Immediate),

Diphtheria

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Landon Park Cemetery

Date of Burial,

May 18th 1877

Undertaker,

Adam Heidemeyer

Place of Business,

518 W. Baltimore Str.

Address

288 Madison Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 17570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

16th May 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Julius S. Lemcke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

94 Sharp

Cause of Death, { First (Primary,) Second (Immediate,) }

Apoplexy

Duration of Last Sickness,

one day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 11th

{ Undertaker, F. A. Troll

{ Place of Business, 90 S. Howard St.

J. W. Webster

M. D.

Medical Attendant.

Address

57 Bunker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17571

OFFICE OF REGISTRAR OF VITAL STATISTICS, DRE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1907

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura V Cooper

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, Days.

Color, colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give street and number. } Clark's Court 98 Chesnut St

Cause of Death, { First (Primary,) Unknown natural
Second (Immediate,) Convulsions probably

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15th

{ Undertaker, William N Runge
Place of Business, 62 East St }

Edmund Walker M. D. Medical Examiner.

Address Corner M & D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 17572

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas L. Lewis

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, 42 Years, Months, Days.

Color, Colored.

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Seaman

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } London. England.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, { Give street and number. } 91 Chesnut St.

Cause of Death, { First (Primary.) Second (Immediate.) } Phtisis Pulmonalis.

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, May the 17

{ Undertaker, William N. Rungee }

{ Place of Business, 62 East St }

Edward P. McDowell M. D.
Medical Attendant.

Address 1374 E. 1st St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17573

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lou Blanch Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

Ten

Months,

Days.

Color,

Caucasian

Married; Single, Widow or Widower, { Cross out the words not required in this line. }

Child

Occupation,

Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth). }

Baltimore city Maryland

Duration of Residence in the City of Baltimore,

Continued

Place of Death, { Give street and number. }

No 402, S. Charles St

Cause of Death, {

First (Primary),

Tubercular Meningitis

Second (Immediate),

Rubeola

Duration of Last Sickness,

From birth

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

May 17th

{ Undertaker,

Harold S. Ross

{ Place of Business,

186 West St

J. D. Dyer

M. D.

Medical Attendant.

Address

No 146 Hill St

Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George E. Lewis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Charles County Md

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, { Give street and number. } 151 Argyle St Balt. Md

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis Pulmonalis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 17th 1877

Undertaker, Mr. H. H. Hickman

Place of Business, 234 N. Gay St.

Address, 1213 N. Calver St.

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

16th May 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Geo Franklin Parlett.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

4

Years,

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

From Birth

Place of Death, { Give street and number. }

654 W Fayette St

Cause of Death, { First (Primary,) Second (Immediate,) }

Malignant Scarlet Fever,

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Lowden Park

Date of Burial,

March 17 1877

{ Undertaker,

The City & Co

{ Place of Business,

530 Fayette St

Address

W Fayette St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henriette Soppee

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 54 Years, 3 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 294 Alice ann st

Cause of Death, { First (Primary.) Second (Immediate.) } Cancer of stomach

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, May 17th 1877

{ Undertaker, Chas. Schaefer Address 12 S. Eden st

{ Place of Business, 448 W. Pratt

L. O. Wintermiller, M.D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17577

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar 16*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Philip H. Junk*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *33* Years, *1* Months, *8* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Walter*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *23 years*

Place of Death, { Give street and number. } *221 S. Charles*

Cause of Death, { First (Primary,) Second (Immediate,) } *Apoplexy*

Duration of Last Sickness, *14 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 18 1877*

Sheldon C. S. M. D.
Medical Attendant.

{ Undertaker, *Charles F. Howard*

{ Place of Business, *161 Hanover Street*

Address *146 Hanover St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 16 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Frank Beckert*
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, *1* Years, *9* Months, *—* Days.
Color, *white*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *Canton Ave & Bond Sts*
Cause of Death, { First (Primary.) Second (Immediate.) } *Measles*
Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*
Date of Burial, *May 18 1877* M. D.
{ Undertaker, *A. Kohler* Address *Commiss of Health*
Place of Business, *244 E. Lombard* *& Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by A. Kohler Undertaker [OVER]

Board of Health, City of Baltimore,

Permit No. *17579*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 16.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ann A. Reddish

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

10

Months,

7

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

178 Johnson St

Cause of Death,

First (Primary,)

Second (Immediate,)

Diphtheria

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

May 18 78

Theodore C. C. M. D.

Medical Attendant.

Undertaker,

Armstrong & Denny

Address

146 N. Avenue St

Place of Business,

No 163 S. Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17580

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 17th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Hart

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

3 Months, 7

Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

150 Corp

Cause of Death, { First (Primary,) Second (Immediate,) }

Pulmon. Catarrh

Duration of Last Sickness,

3 day

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus, Md.

Date of Burial,

May 18

{ Undertaker,

B. Harley

{ Place of Business,

411 Light St

Address

W. H. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

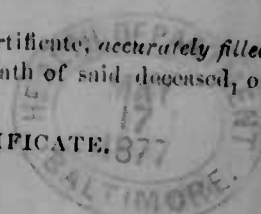
Permit No. 17581

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter J. Boone

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 16 Years, _____ Months, _____ Days.

Color, colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Domestic

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } St. Michaels

Duration of Residence in the City of Baltimore, two weeks

Place of Death, { Give street and number. } 54 Leaside St.

Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia
Phthisis Pulmonalis
four months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 17

{ Undertaker, William J. Langue

{ Place of Business, 62 East St

J. G. Lawrence M. D.
Medical Attendant.

Address Balt. & Mach. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,
Permit No. 17582

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th Mo 17th 1876
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } James A. Martin
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 2 Years, 0 Months, 23 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, None
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, during life
Place of Death, { Give street and number. } 261 South St.
Cause of Death, { First (Primary),
Second (Immediate), } Scarlet fever
Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount
Date of Burial, May 17th 1876
{ Undertaker, Wm. H. Hickman Address 47 Lexington St.
Place of Business, 234 N. Gay St. }
Wm. Riley M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 16th 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William A. Waters

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

23 Years,

Months,

Days.

Color,

colored.

~~Married~~ Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Somerset Co. Md.

Duration of Residence in the City of Baltimore,

five years.

Place of Death, { Give street and number. }

92 S. Broadway

Cause of Death, { First (Primary,) Second (Immediate,) }

Phtthisis pulmonalis

Duration of Last Sickness,

Two years.

All the above information should be furnished by the Physician

Place of Burial,

Wallas St. Burial Gnd

Date of Burial,

May 17th 1877

Aug. F. Erich

M. D.

Medical Attendant.

{ Undertaker,

W. A. Daiger

{ Place of Business,

74 S. Broadway

Address

94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday 7 o'clock Pm May 14th 1899

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cathrine Schwartz

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, One Years, Eleven Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Trenton N.J.

Duration of Residence in the City of Baltimore, One year & Six Month

Place of Death, { Give street and number. } Tillon St - Canton Belt

Cause of Death, { First (Primary,) Second (Immediate,) } Rubella Spasms

Duration of Last Sickness, One day, has been ill about two week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 17th 1899

{ Undertaker, H. M. Gilmeyer Address 28 O'Donnell St }

{ Place of Business, 341 Canton St. }

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Schwartz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, four Years, four Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Philadelphia Pa

Duration of Residence in the City of Baltimore, eight months

Place of Death, { Give street and number. } Baltimore City Willow St

Cause of Death, { First (Primary,) Second (Immediate,) } Scarlet Fever

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 18th 1877

Undertaker, H. M. Gilmer

Place of Business, 341 Canton St.

Address, 144 Chesapeake St Baltimore

E. J. Williams M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 17th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William Parker Dwyer

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

8

Months,

22

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt. City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

216 Gough

Cause of Death,

{ First (Primary), }

Enteritis

{ Second (Immediate), }

Exhaustion

Duration of Last Sickness,

15 days

All the above information should be furnished by the Physician.

Place of Burial,

W. Camel Cmn

Date of Burial,

May 19 1877

{ Undertaker,

W. A. Waiger

{ Place of Business,

74 S Broadway

Address

G. L. Perkins

M. D.
Medical Attendant.

177 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

(Cross out the word not required in this line.)

Age,

42 Years,

Color,

white

Months,

Days.

Married, Single, Widowed or Widower,

(Cross out the words not required in this line.)

Occupation,

Carpenter

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

N. H. Newfound Land

Duration of Residence in the City of Baltimore,

Twenty six years

Place of Death,

(Give street and number.)

33 S. Chestnut St.

Cause of Death,

First (Primary),
Second (Immediate),

Apoplexy
Exhaustion

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Rocky Creek Cemetery

Date of Burial,

Saturday, May 19th

Undertaker,

Thos. W. Hughes

Place of Business,

110 E. Baltimore

Address

Ball & Nash. Sts.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

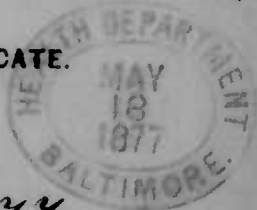
Permit No. *13588*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Josephine Hay

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, _____ Years,

2nd

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

304 N. Eilmar St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Bronchial Catarrh

Asthenia

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, *Balt. Cemetery*

Date of Burial, *May 19 1877*

Wm. W. Murray

M. D.

Medical Attendant.

{ Undertaker, *Hosking*

{ Place of Business,

Jayette St.

Address

10 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17589

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 17th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sarah Jane Street*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *57* Years, *—* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *House Keeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Taylor's Island Md*

Duration of Residence in the City of Baltimore, *40 years*

Place of Death, { Give street and number. } *Allen St near Fort av.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*
Heart disease
Suddenly

Duration of Last Sickness, *Suddenly*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 18th 1877*

{ Undertaker, *W. M. Gibmeyer*

{ Place of Business, *341 Canton St.*

R. B. Lee M. D.
Coroner S. D.
Address *Hanover Barr Sts*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

BALTIMORE

Permit No. 17599

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosa Christopher

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 5 Years, Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Teacher

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, 3

Place of Death, { Give street and number. } 3 Bond St

Cause of Death, { First (Primary,) Second (Immediate,) } Scarlet Fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 18th 1877

Undertaker, J. H. Cook

Place of Business, No 707 N Baltimore Street

Address 17 N. E. by Prince

Medical Attendant, Geo H. Spivey M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 17th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Alice May Murray*

Sex, *Male or Female*, { Cross out the word not required in this line. } *Female*

Age, _____ Years, _____ Months, *9* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *160 Ramsey St*

Duration of Residence in the City of Baltimore, *19 days*

Place of Death, { Give street and number. } *160 Ramsey St*

Cause of Death, { First (Primary,) *Spasms*
Second (Immediate,) _____

Duration of Last Sickness, *1 day*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 18th 1877*

{ Undertaker, *J B Cook*
Place of Business, *No 707 W Baltimore street*

Address *No 11 South Arlington St City*

H. N. Shultz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

1877
BALTIMORE.

Permit No. 17592

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clara Bidier

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, seven Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 56 W. George st Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 56 W. George st.

Cause of Death, { First (Primary,) Second (Immediate,) } Scarlat fever Dyptheria

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 18 May 1877

{ Undertaker, W. W. Jenkins & Co

{ Place of Business, 16 Light St.

James S. Stearns M. D.
Medical Attendant.

Address 93 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 17th '77*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Jane Anderson*

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, *47* Years, Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Leather Dealer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Co. Antrim Ireland*

Duration of Residence in the City of Baltimore, *29 yrs.*

Place of Death, { Give street and number. } *359 E. Balt. W.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption of Lung*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Patrick's Cemetery*

Date of Burial, *May 19th 1877* *John F. Hormanier* M. D. Medical Attendant.

{ Undertaker, *W. A. Dargatz* Address *511 N. Calvert & Read Sts.*

{ Place of Business, *71 S. B. St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No.

17894

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 15th

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents }

R. C. Dennis

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

72

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Collector

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

40 years

Place of Death,

{ Give street and number. }

67 W. Madison

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Valvular Cardiac disease

Duration of Last Sickness,

All the above information should be furnished by the Physician

four weeks

Place of Burial,

Cathedral cemetery

Date of Burial,

May 18 - 1877

Thomas Sheane

M. D.

Medical Attendant.

{ Undertaker,

James P. Byrne

{ Place of Business,

No 63 W. Front St

Address

97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 17th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Rebecca Price

Sex, Male or Female,

Cross out the word not required in this line.

Age,

48

Years,

Color,

White

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

New Jersey

Duration of Residence in the City of Baltimore,

Six Years

Place of Death,

Give street and number.

No 199 Quist Street

Cause of Death,

First (Primary),

Second (Immediate),

Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Three weeks

Place of Burial,

Mount Carmel

Date of Burial,

May 18th 77

Undertaker,

Michael Francis

Place of Business,

No 280 Canton St.

Address 134 N. High St 190 Bank St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1877.
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Strick.
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, 4 Years, 2 Months, Days.
 Color, Colored
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. City
 Duration of Residence in the City of Baltimore, Life-time
 Place of Death, { Give street and number. } 10 Chestnut St.
 Cause of Death, { First (Primary.) Second (Immediate.) } Phthisis Pulmonalis, & Scrophula.
 Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery
 Date of Burial, May 16
 { Undertaker, Wilson & Singer
 Place of Business, 62 East }
 Address 137 N. Egle St.
 Edward Andrew M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rhoda Bullock

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 77 Years, 00 Months, 00 Days

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Yorkshire near Leeds, England

Duration of Residence in the City of Baltimore, Thirty-eight years

Place of Death, { Give street and number. } 243 Columbia St

Cause of Death, { First (Primary,) Heart insufficiency
Second (Immediate,) Old age + general failure

Duration of Last Sickness, About a month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 20, 1877, Dr. Carey Thomas M. D.

Undertaker, John S. Wacker

Place of Business, No 130 Camden Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

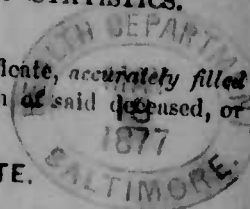
Board of Health, City of Baltimore,

Permit No. 17598

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

May 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Kate O'Leary

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 25 Years,

Color, White

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 8. Exeter

Cause of Death, { First (Primary), Second (Immediate). }

Phthisis Pulmonalis
Three months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, May 19th 1877

Thos. S. Latimer

M. D.

Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 415 N Gay St.

Address 245 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS
BALTIMORE

Permit No. 17899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas J. Lesner.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 Years, Months, Days.

Color, White.

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Sea Captain.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, { Give street and number. } 7 Lloyd St.

Cause of Death, { First (Primary) Second (Immediate) } Heart disease.

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician

Place of Burial, Green Mount I. H. Henshaw M. D.

Date of Burial, Monday May 21, 1877 Medical Attendant.

{ Undertaker, Jacob Weaver Address 75 C. Baltimore St.

{ Place of Business, Druid Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17600

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ~~deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frank Wagner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years,

Months,

Days.

Color, white

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

~~Has~~ Broom Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

40 yrs

Place of Death, { Give street and number. }

98 Eastth av.

Cause of Death, { First (Primary),
Second (Immediate), }

Consumption

Duration of Last Sickness,

6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19th 1877

{ Undertaker, Peter Frey
Place of Business, 91 E. 1st St. av.

R. W. Mansfield

M. D.

Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mary M. White

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 15 Years, 15 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } New

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Porton to 174

Cause of Death, { First (Primary,) } Fracture
{ Second (Immediate,) } Carcinoma

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus

Date of Burial, May 19

{ Undertaker, Andrew Gutz }

{ Place of Business, 118 David Hill Ave }

C. D. [Signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Geo Rung

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

Years,

Months,

6 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

190 William

Cause of Death, { First (Primary,) Second (Immediate,) }

Tetanus trachealis
2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Cedar Hill

Date of Burial,

May 19th 1877

R. J. H. Tall

M. D.

Medical Attendant.

{ Undertaker,

Armstrong & Co.

Address

158, Sharp St

{ Place of Business,

263 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17603

OFFICE OF REGISTRAR OF VITAL STATISTICS.



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17 1887
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas H. F. Marutta Wallis
 Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~ Parent
 Age, _____ Years, _____ Months, one Days.
 Color, White
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
 Duration of Residence in the City of Baltimore, Life
 Place of Death, { Give street and number. } 183 Mullikin St
 Cause of Death, { First (Primary,) Premature
 { Second (Immediate,) Asthenia
 Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
 Date of Burial, May 18 1887 M. D.
 { Undertaker, W. N. Burger Address Commissioner of Health
 { Place of Business, East St Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Lucinda Woolford [SEER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 16th 1877.*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Albert S. Adams*

Sex, *Male* ~~or Female~~, Cross out the word not required in this line.

Age, *one* Year, *eight* Months, *fifteen* Days.

Color, *Black* Sex, *male*

~~Married~~, *Single*, ~~Widow~~ ~~or Widower~~, Cross out the words not required in this line.

Occupation, *—*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore, *—*

Place of Death, Give street and number. *19 Hamilton St.*

Cause of Death, First (Primary), *Rachitis*
Second (Immediate), *Bronchitis*

Duration of Last Sickness, *about one year*

All the above information should be furnished by the Physician.

Place of Burial, *Lamb Cemetery*

Date of Burial, *May 18th 1877*

Undertaker, *Wm. H. Bishop Jr.*

Place of Business, *103 South Hill Ave.*

W. C. Van Bibber M. D.

Wm. Claude Van Bibber Medical Attendant.

Address *47 E. Main St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *17605*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 18th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Thomas*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *36* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Italy*

Duration of Residence in the City of Baltimore, *10 years*

Place of Death, { Give street and number. } *144 Chesapeake*

Cause of Death, { First (Primary,) Second (Immediate,) } *Carcinoma Uteri*
Not Examined

Duration of Last Sickness, *14 months*

All the above information should be furnished by the Physician.

Place of Burial, *M. E. Cemetery Phila Road*

Date of Burial, *May 19th 1877*

Undertaker, *Hughes & Co*

Place of Business, *65 S Broadway*

Address *299 E Baltimore St*

James E. Dinnelle M. D.
Medical Assistant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

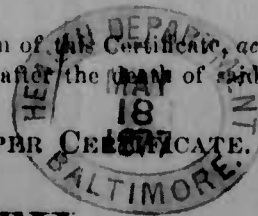
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 18th 1877.
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Schwarbacher.
 Sex, Male or Female, { Cross out the word not required in this line. } Female
 Age, 77 Years, — Months, — Days.
 Color, white
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } widow
 Occupation, widow
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany
 Duration of Residence in the City of Baltimore, 35 years
 Place of Death, { Give street and number. } 151 N. Eden St
 Cause of Death, { First (Primary,) Marasmus Second (Immediate,) old age }
 Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, May 20th 77
 Date of Burial, Elys A. Cemetery
 { Undertaker, Wm. E. Shaw Address 86 E. Fayette St. }
 { Place of Business, 101 Gough St. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17608

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 18.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Annie B. Smith

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

648 Light St

Cause of Death,

First (Primary),

Second (Immediate),

Infantile Lockjaw

Duration of Last Sickness,

48 hours

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 18

Undertaker,

P. Harper

Place of Business,

411 Light St

Address

146 Hanover St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 17th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

See Edward Julius

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

One

Years

10

Months,

13

Days.

Color,

Colored

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt Md.

Duration of Residence in the City of Baltimore,

Always

Place of Death, { Give street and number. }

286 Orleans St.

Cause of Death, { First (Primary),
Second (Immediate), }

Phthisis

Duration of Last Sickness,

From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 19

Undertaker, William S. Dunsen

Place of Business, 62 East St

John H. Corner M. D.

Medical Attendant.

Address 286 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **17610**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 19 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Catharine Daley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

2 Years,

7 Months,

Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

227 Hamburg

Cause of Death, { First (Primary.) Second (Immediate.) }

Meningitis

Duration of Last Sickness,

19 days

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*

Date of Burial, *May 20 1877*

Undertaker, *Jacob Koehler*

Place of Business,

Sharp St

Address

L. S. Menden

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18 ~ 5:30 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Virginia Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 19

Color, White Months, 12 Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City - 95 E. Fayette.

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 75 Ch. Bond St.

Cause of Death, { First (Primary.) Dentition and Indigestion
Second (Immediate.) Eclampsia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician

Place of Burial, Balt-Cemetery

Date of Burial, May 20 1877

{ Undertaker, Wm. J. J. } { Place of Business, 54 N. Broadway }

James E. Drinnell M. D.
Medical Attendant.

Address 277 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19, 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Ethel Lee McCormick

Sex, ~~Male~~ Female, Cross out the word not required in this line.

Age, 14 Years,

Color, White Months,

~~Married~~ Single, ~~Widow~~ Widower, Cross out the words not required in this line. Sex, Days.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Louisiana

Duration of Residence in the City of Baltimore, 3 years

Place of Death, Give street and number. 4154 Mad. Av.

Cause of Death, First (Primary), Scarlet Fever.
Second (Immediate), Acute Nephritis.

Duration of Last Sickness, Ten Days
All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 20th 1877

Undertaker, Mrs. John H. Weaver

Place of Business, #22 W. Fayette St.

W. T. Howard, M. D.
Medical Attendant.

Address 181 Mad. Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida Virginia Shaw

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 23 Years, 3 Months, 13 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } 43 North Eder

Cause of Death, { First (Primary.) Pneumonia
Second (Immediate.)

Duration of Last Sickness, fifteen days

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, May 20th 1877

{ Undertaker, Wood & Hughes

{ Place of Business, 64 E. Baltimore St.

G. W. Wagoner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17614

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 18th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Susan H Craft

Sex, Male or Female,

Cross out the word not required in this line.

Age,

52

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

During her life time

Place of Death,

Give street and number.

412¹/₂ N Poppleton St

Cause of Death,

First (Primary).
Second (Immediate).

Ovarian Tumor
Exhaustion
Two Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt Cemetery

Date of Burial,

May 20th 1899

Undertaker,

John M. Bachner

Place of Business,

No 150

Address

J. J. Knight

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17615

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Ferdinand Nebert

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 11 Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. }

339 N. Dallas St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Scarlatina Maligna
Uraemic Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 20 May

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. Address 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17616

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 18th 97*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary A Smith*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *50* Years, *6* Months, Days.

Color, *White*

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Seamstress*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt*

Duration of Residence in the City of Baltimore, *all life*

Place of Death, { Give street and } First (Primary,) Second (Immediate,) *94 Franklin*

Cause of Death *Pem Pneumonia (double)*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial *Baltimore Cemetery*

Date of Burial *20th May*

Undertaker, *Fred A. Toll*

Place of Business, *94 Franklin St*

Address *180 Linden Ave*

Edmund R Walker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 17 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Benjamin R. Hillyard

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

84

Years,

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Herb Doctor

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Wilmington North Carolina

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give street and number. }

653 West Baltimore

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia

Duration of Last Sickness,

About 5 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cemetery

Date of Burial,

May 20

J. P. Hoffman

M. D.

Medical Attendant.

{ Undertaker,

J. B. Corb

{ Place of Business,

107 West Baltimore

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 18th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Wm Henry Dorsey

Sex, Male or Female,

Cross out the word not required in this line.

Age,

7

Years,

5

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

131 Boyd St

Cause of Death,

First (Primary),

Scarletina

Second (Immediate),

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet cemetery

Date of Burial,

May 19th 1877

Undertaker,

J. B. Cook

Place of Business,

No 707 N Baltimore street

Address

55 & W. Fayette St

John Neff

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17619

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1879
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Sherman Garra.
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 3 Years, 1 Months, Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } N. Hampshire
Duration of Residence in the City of Baltimore, 3 years.
Place of Death, { Give street and number. } 74 Boyd St.
Cause of Death, { First (Primary,) Second (Immediate,) } Purpura Hemorrhagica.
Duration of Last Sickness, 4 days.
All the above information should be furnished by the Physician.
Place of Burial, 5th Plain Cemetery
Date of Burial, May 20/79.
{ Undertaker, J. B. Cook } Address 379 W. Lombard St.
{ Place of Business, No 704 W. Baltimore street }

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17620

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Leathem M. L. Saunoy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 79 Years, 1 Months, 4 Days.

Color, White Sex, Female

Married, Single, Widow, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, { Give street and number. } 712 W. Lexington St

Cause of Death, { First (Primary,) Gangrene
Second (Immediate,) "

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Thomas, Apie M. D. Medical Attendant.

Date of Burial, May 20th 1877

{ Undertaker, J. B. Cook Address 396 N. Fay St

{ Place of Business, No 707 N. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cora Bailey

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, 8 Months, _____ Days.

Color, Cal^d

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 104 Burgundy Alley

Cause of Death, { First (Primary,) Ventilation, Second (Immediate,) Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 20 1877

Undertaker, J. Davis

Place of Business, 112 Street

Address, Commis of Health Registrar

M. D. _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Laura Bailey Mather

Permit No. 17622

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia Fredericka Benzembach

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 23 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 214 N. Eden St.

Cause of Death, { First (Primary,) Pertussis, Capillary Bronchitis. Spasm
Second (Immediate,) Asphyxia }
28 Days

Duration of Last Sickness, 28 Days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Ct.

Date of Burial, May 19 1877

{ Undertaker, Henry Hock } Address 195 N. Eden St.

{ Place of Business, 309 Central Ave }

A. E. Stein, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1877,
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Stanford (Mother)
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, _____ Years, _____ Months, half hour
 Color, Col
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City
 Duration of Residence in the City of Baltimore, Life
 Place of Death, { Give street and number. } 242 Warner St
 Cause of Death, { First (Primary,) Second (Immediate,) } Asthenia
 Duration of Last Sickness, _____
 All the above information should be furnished by the Physician.
 Place of Burial, Sharp St Cemetery
 Date of Burial, May 19th 1877
 { Undertaker, Jacob Davis Address, Omnibus of Health }
 { Place of Business, See Street } Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Charlotte A. Johnson [OVER.]
 midwife

Board of Health, City of Baltimore,

Permit No. 17624

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 18th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Eliza Neal.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

4

Years,

Months,

Days.

Color,

C

Sex,

F

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt.

Duration of Residence in the City of Baltimore,

4 yrs.

Place of Death, { Give street and number. }

34 Chestnut St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia

Duration of Last Sickness,

7 days.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, May 19th 1877

H. T. Remond

M. D.

Medical Attendant.

{ Undertaker, C. B. Freepers

{ Place of Business,

Pratt St

Address

Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate in writing, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17625

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 18th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Frank Heath*
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, _____ Years, _____ Months, *19 hours* Days, _____
Color, *White* Sex, *Male*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *559 N. Lexington Street*
Duration of Residence in the City of Baltimore, _____
Place of Death, { Give street and number. } *559 N. Lexington Street*
Cause of Death, { First (Primary,) *Premature Birth*
Second (Immediate,) *by anoxia*
Duration of Last Sickness, *19 hours*
All the above information should be furnished by the Physician.
Place of Burial, *Green Mount*
Date of Burial, *May 19th 1877* *H. C. Wilson* M. D. Medical Attendant.
{ Undertaker, *Hughes & Co* Address *146 Park St.*
{ Place of Business, *Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17626

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 19/1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Charly Raiber

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

4

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

137 Forest Str

Cause of Death,

First (Primary.)

Second (Immediate.)

Scarlatina

Dropsy

Duration of Last Sickness,

4 Weeks and 5 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 20th

Undertaker,

Geo. Schilling

Place of Business,

Eschland Square

A. Aronsohn M. D.
Medical Attendant.

Address 254 N. Caroline Str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas & Alice Thomson
Sex, Male or Female, { Cross out the word not required in this line. } (Parents)
Age, _____ Years, _____ Months, 2 hours
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balte City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 209 Washington Street (N.)
Cause of Death, { First (Primary.) Premature Birth
Second (Immediate.) Asthenia }
Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery P.R.
Date of Burial, May 19th 1877 M. D.
{ Undertaker, Wm. D. Dippel Address, Commis of Health
{ Place of Business, S. Bond St & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by Mary Conner McLaughlin

Board of Health, City of Baltimore,

Permit No. 17628

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19. 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Alice Sterling

Sex, Male or Female, Cross out the word not required in this line.

Age, 9 Years, Months, Days, 7

Color, white Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Maryland

Duration of Residence in the City of Baltimore, 3 years & 7 days

Place of Death, Give street and number. No 26 Franklin St

Cause of Death, First (Primary,) Hooping Cough
Second (Immediate,) Convulsion

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, May 20th

W. J. Mumford M. D.
Medical Attendant.

Undertaker, Geo W. Spencer Address, 81 Read St
Place of Business, 206 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Brown

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 15 Years, Months, Days.

Color, Coal

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 14 1/2 N. Bethel Street

Cause of Death, { First (Primary,) Cold - Second (Immediate,) Consumption

Duration of Last Sickness, 11 Years

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, May 20 1877

M. D.

{ Undertaker, John W. Locks

{ Place of Business, Wolf St

Address Commies of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Elizabeth Brown, Sister

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth Baughman

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

75 Years,

6 Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widower

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Frederick City Md.

Duration of Residence in the City of Baltimore,

40 years

Place of Death, { Give street and number. }

434 W. Fayette St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Fatty degeneration of Heart
Eight months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Louisa Park, Shelton Hill

M. D.

Date of Burial,

May 20th 1877

Medical Attendant.

{ Undertaker,

Jas. Lane San

{ Place of Business,

432 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *17632*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 18th 1897*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Peter Dougherty*

Sex, *Male* or *Female*, Cross out the word not required in this line.

Age, *18* Years, Months, *11* Days.

Color, *White* Sex, *male*

Married, *Single*, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, *Brass Finisher*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Balto*

Duration of Residence in the City of Baltimore, *19*

Place of Death, Give street and number. *19 Fish Market*

Cause of Death, First (Primary), Second (Immediate.) *Phthisis Pulmonalis*

Duration of Last Sickness, *18 months*

All the above information should be furnished by the Physician.

Place of Burial, *St Patrick's Cemetery* *Geo. B. Reynolds* M. D. Medical Attendant.

Date of Burial, *May 19th 1897*

Undertaker, *James P. Byrne*

Place of Business, *No 63 N Front St* Address *4 E North Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *17633*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 18th 1847

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Thomas R. Hopkins.

Sex, ~~Male~~ or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

Forty five Years,

Three Months,

four Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single.

Occupation,

Mariner.

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Hull, England.

Duration of Residence in the City of Baltimore,

Twenty years.

Place of Death,

{ Give street and number. }

No 22 Marsh Market Space

Cause of Death,

{ First (Primary),

Ulcer of Right Lung.

Second (Immediate),

Exhaustion.

Duration of Last Sickness,

Six Weeks.

All the above information should be furnished by the Physician.

Place of Burial,

St Vincents Cemetery

Date of Burial,

May 19 1847

{ Undertaker,

James D. Byrne

{ Place of Business,

No 63

St Vincent St

Address

W. L. Garrison

M. D.

Medical Attendant.

W. L. Garrison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth Perigo

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Seventy four Years, Eight Months, twelve Days.

Color,

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

No. 27, Carrollton Ave.

Cause of Death, { First (Primary), Second (Immediate), }

Old Age Debility.

Duration of Last Sickness,

Forty-nine days.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

S. Enterline.

Date of Burial, May 21st 1877

M. D.

Medical Attendant.

{ Undertaker, J. B. Cook

Address No. 582 N. Lombard

{ Place of Business, 707 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

635

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 18th - 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Robetta Hollin

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

9

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

172 East St

Cause of Death, { First (Primary),
Second (Immediate), }

Convulsions

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial, Land Cemetery

Date of Burial, May 19

Jno Burke Byrd M. D.
Medical Attendant.

{ Undertaker, William Lingua }

{ Place of Business, 62 East St }

Address 166 Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Tulp
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, 3 Years, 8 Months, 7 Days.
 Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)
 Second (Immediate,) }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Balto. Cem

Date of Burial, May 21st 1877

{ Undertaker, A. Hoeck
 Place of Business, 309 Central av }

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 7637
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 19th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Peter Anderson*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, *about 70* Years, Months, Days.
Color, *B*
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, *Woodsawyer*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Montgomery Co Md*
Duration of Residence in the City of Baltimore, *about 30 years*
Place of Death, { Give street and number. } *37 Market Alley*
Cause of Death, { First (Primary.) Second (Immediate.) } *Saw him but could not reach deceased*
Duration of Last Sickness, *unknown*
All the above information should be furnished by the Physician.
Place of Burial, *Samuel Church*
Date of Burial, *May 20 - 77* *C. Whistler* M. D. Medical Attendant.
{ Undertaker, *Samuel Church* Address *23 M. Culloch St*
Place of Business, *Howard Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17638

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edgar L. Mahoney

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 52 Years, Months, Days.

Color, Brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Surgeon U.S. Army

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Massachusetts

Duration of Residence in the City of Baltimore, Two years

Place of Death, { Give street and number. } 28 South St.

Cause of Death, { First (Primary,) Hemiplegia
Second (Immediate,) Debility }
Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 20, 1897

{ Undertaker, J. B. Mahoney } Address, 206 South St.

{ Place of Business, } Address, 206 South St.

R. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 19th*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *George Edward Johnson*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *—* Years, *6* Months, *—* Days.

Color, *Pal*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *W. Va.*

Duration of Residence in the City of Baltimore, *Same birth*

Place of Death, { Give street and number. } *37 Chestnut St.*

Cause of Death, { First (Primary), Second (Immediate), } *Congestion of lungs*

Duration of Last Sickness, *14*

All the above information should be furnished by the Physician.

Place of Burial, *Lamar Cemetery*

Date of Burial, *May 26th 1877*

Undertaker, *Wm. J. Gray*

Place of Business, *65 Mulberry St.*

Address *192 Pearl St.*

M. D. Barton M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17640

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 18th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Robt. Harris*

Sex, Male or Female, { Cross out the word not required in this line. } *Male.*

Age, *1* Years, *—* Months, *—* Days.

Color, *Colored.*

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *102. Bolton Alley.*

Duration of Residence in the City of Baltimore, *1 Year.*

Place of Death, { Give street and number. } *102. Bolton Alley*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *7 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Stonemans Run Batts. Co*

Date of Burial, *May 20th 1877*

G. W. Stoner M. D.
Medical Attendant.

{ Undertaker, *Wm. S. Leary* Address *Co. Westman & Sticker*

{ Place of Business, *25 Mulberry St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Grant Permit

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 18 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Estelle Elizabeth Bowen

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

Years,

10

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

57 St Mary's st

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Congestion of Brain

Duration of Last Sickness,

36 hours

All the above information should be furnished by the Physician.

Place of Burial,

Greenwood Cemetery

Date of Burial,

May 20th

{ Undertaker,

Wm A Gray

{ Place of Business,

65 Holliday St

P. H. Williams

M. D.

Medical Attendant.

Address

201 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1877
Full Name of Deceased, { Write legibly and spell correctly. If infant not named, give names of parents } Margaret Murray
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 83- Years, Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland
Duration of Residence in the City of Baltimore, 23 years
Place of Death, { Give street and number. } 107 Elliott St Baltimore
Cause of Death, { First (Primary,) Second (Immediate,) } Old age - Has been declining for several months
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, St Patrick's Cemetery E. J. Williams
Date of Burial, May 20th 1877 M. D.
Undertaker, James P. Byrne Medical Attendant.
Place of Business, No 63 N Front St Address 144 Chesapeake St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 19th 77*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Dunn*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, *6* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Maryland*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *No 1 Abraham St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Tetanus Neonatorum*

Duration of Last Sickness, *One day*

All the above information should be furnished by the Physician

Place of Burial, *Holy Cross*

Date of Burial, *July 20, 77*

{ Undertaker, *John J. Rodemays* Address *166 E. Eager St.*

{ Place of Business, *Cir. Dr. Room 21*

Ans. Dr. Room 21

Ans. Brooke Boyle M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosa Ragin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 13 Days.

Color, White Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } Allee Anna St No 457

Cause of Death, { First (Primary,) Second (Immediate.) } Measles
Chronic Bronchitis

Duration of Last Sickness, Eight weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery J. H. Martin M. D.

Date of Burial, May 20th 1894 Medical Attendant.

{ Undertaker, Place of Business, } H. M. Gibney Address 341 Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

645
Office of Registrar of Vital Statistics,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 19th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Hodges

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

4 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

84 L. Wolf St.

Cause of Death,

{ First (Primary,) }

{ Second (Immediate,) }

Diphtheria

Duration of Last Sickness,

2 wks

All the above information should be furnished by the Physician.

Place of Burial,

Woodbury

Date of Burial,

May 20th 1877

{ Undertaker,

H. M. Gibmeyer

{ Place of Business,

341 Canton St.

Address

117 S. Broadway

R. W. Mansfield

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17646

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 19th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Valle Galtman.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

3 Years,

5 Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give street and number.

102 Parkin St.

Cause of Death,

First (Primary),

Second (Immediate),

Carlatina Malignant
Oedema of the Lungs.

Duration of Last Sickness,

13 days.

All the above information should be furnished by the Physician.

Place of Burial,

Western C.

Date of Burial,

May 20

Undertaker,

J. B. Blackiston & son

Place of Business,

606 Bate st

Address

67 N. Gilman St.

J. Walton White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

7647

111 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 19th 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Milton A. D. Erdman*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *3* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Maryland*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *374 Disquith St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 21st 77*

Undertaker, *Thos. H. Hickman* Address *156 E. Lague St.*

Place of Business, *234 E. Gay St.*

Geo. Brock Boyle M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 7648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

5th Mo 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Guilhelma Lopez

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 3 Years,

1 Months,

16 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

during Life

Place of Death, { Give street and number. }

187 Linden Avenue

Cause of Death, { First (Primary),
Second (Immediate), }

Congestion Lungs & Heart

Duration of Last Sickness,

24 hours.

All the above information should be furnished by the Physician.

Place of Burial, Friends Burial Ground

Date of Burial,

Hartford Road

W. Riley

M. D.
Medical Attendant.

{ Undertaker, H. Hughes

{ Place of Business, Carrollton & Ave. of Balt. St.

Address 47 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17649

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19 - 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hugh Robertson Browner.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, Months, Days.

Color, White.

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Child.

Occupation, none.

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Charles Co - Md -

Duration of Residence in the City of Baltimore, 3 yrs -

Place of Death, { Give street and number. } 20 Clark St.

Cause of Death, { First (Primary,) Traumatic Cerebro-Spinal Meningitis. }
Second (Immediate,) " " " "

Duration of Last Sickness, 30 days.

All the above information should be furnished by the Physician.

Place of Burial, Charles County

Date of Burial, May 21st 1877

W. P. Morgan M. D.
Medical Attendant.

{ Undertaker, Andrew Leitz

{ Place of Business, 118 Druid Hill Ave

Address 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Permit No 778

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isabel Allen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 31 Years, _____ Months, _____ Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, { Give street and number. } 12 Welox St

Cause of Death, { First (Primary,) Second (Immediate,) } Cancer of womb

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery H. B. Booker M. D.

Date of Burial, May 20th Medical Attendant.

{ Undertaker, H. C. Medford Address 154 Madison St

{ Place of Business, 70 Government Cir

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

657

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 18th - 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Charley High

Sex, Male ~~or Female~~,

{ Cross out the word not required in this line. }

Age,

One Years,

Months,

Days.

Color,

Married, Single, Widow ~~or Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City -

Duration of Residence in the City of Baltimore,

One year

Place of Death,

{ Give street and number. }

No 4 St James Court -

Cause of Death,

{ First (Primary). }

Rubeola -

{ Second (Immediate). }

Tubercular Consumption

Duration of Last Sickness,

5 months -

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Corn

Date of Burial,

May 20th 1877

{ Undertaker,

Mr. A. Dungee

{ Place of Business,

62 East St

J. L. Ruman M. D.
Medical Attendant.

Address

Broadway &

Madison St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No.

7652

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 18th 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Walter Smith*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *4* Years, Months, *21* Days.

Color, *Colored* Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore city*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *137 Dallas Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Saunder's* *N. A. Underwood* M. D. Medical Attendant.

Date of Burial, *May 20 77*

{ Undertaker, *John W. Sacks* Address *32 S. Broadway*

{ Place of Business, *59 S. Wolfe* *MD*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

7653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 18th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Priscilla Green

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

80 Years,

Months,

Days.

Color,

colored

~~Married~~, Single, Widow or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Washerwoman
Denton, Md.

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Eighty years,

Place of Death,

{ Give street and number. }

189 1/2 S. Durham St.

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Senile gangrene
of the lower
limb

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Green Laurel Cemetery

Date of Burial,

May 21st 1877

Undertaker,

J. H. W. Locke

Place of Business,

59 S. Wolfe St.

C. C. Blair, Jr., M. D.
Medical Attendant.

Address Balt. & Ash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

7654

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 18, 1878*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Logan Hayden*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *Twenty* Years, *—* Months, *—* Days.

Color, *Black*

~~Married~~, Single, ~~Widow~~, Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *City 20 yrs.*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *Foot of Philpot St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Drowning*

Duration of Last Sickness, *—*

All the above information should be furnished by the Physician.

Place of Burial, *St. Vincent Cemetery*

Date of Burial, *May 20th 1878*

{ Undertaker, William O. Dunce Place of Business, No 12 East St. }

D. B. Ireland M. D. Medical Attendant.

Address *Cornwall E. Dick*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17655



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Henry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 12 Years, 12 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pungatque Maryland

Duration of Residence in the City of Baltimore, 3 months

Place of Death, { Give street and number. } 77 Church st

Cause of Death, { First (Primary,) Second (Immediate,) } Congestion of Lungs

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Lambert St

Date of Burial, May 19th 1877

Undertaker, Hecker Bros

Place of Business, 181 West St

O. A. Gentry M. D.
Medical Attendant.

Address Co. 1st Regt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th ~~April~~ ^{May} 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Hunter

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 35 Years, _____ Months, _____ Days.

Color, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Oyster Schucker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 320. Durham St

Cause of Death, { First (Primary,) } Consumption
{ Second (Immediate,) }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, 20th May 1877

{ Undertaker, Jno. W. Locies
{ Place of Business, 59. S. Wolf St

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

7657
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 26. 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary E. Jones.*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, Years, *57* Months, *5* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore city Md.*

Duration of Residence in the City of Baltimore, *life time.*

Place of Death, { Give street and number. } *302 Bank St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Inflammation of the bowels.*

Duration of Last Sickness, *one day -*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *May 28th 1877*

{ Undertaker, Hughes & Co. Address 207 S. Broadway. }

{ Place of Business, 658 Broadway }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17658

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 20th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Samuel E. B. Treacher*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *one* Years, Months, Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *all life*

Place of Death, { Give street and number. } *34 North Bond*

Cause of Death, { First (Primary,) Second (Immediate,) } *Stripping Cough*

Duration of Last Sickness, *five weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mt Cemetery*

Date of Burial, *May 21st 1877*

Undertaker, *Hughes & Co*

Place of Business, *65 S Broadway* Address

G. H. Mayern M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19th May 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Wilhelm Zimmer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 29 Years, 6 Months, 19 Days.

Color, White

Married, Single ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Labourer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Emmendingen / Baden. Germany

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, { Give street and number. } N. E. corner Calverton & Frederic Road.

Cause of Death, { First (Primary.) } Sunstroke
Second (Immediate.)

Duration of Last Sickness, 6 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 21st May 1877

Dr. C. Reinhart M. D.
Medical Attendant.

{ Undertaker, John P. Goulet }

Address 761 West Lombard St.

{ Place of Business, 66 Frederic Road }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No 17660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 19th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Margaret Lewis

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

Years,

9

Months,

Days.

Color,

Col'd

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, Give street and number.

41 Little Monument St

Cause of Death,

First (Primary.)

Second (Immediate.)

Intention

Convulsions

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

May 21st 1877

M. D.

Undertaker,

M. H. Gray

Place of Business,

Mulberry St

Address

Commiss of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by George Lewis Father

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1766

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Susan Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One

Years, Two

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto Co Md

Duration of Residence in the City of Baltimore,

Two months

Place of Death, { Give street and number. }

No 67 N Durham St, City

Cause of Death, { First (Primary), Second (Immediate), }

Pneumonia

Exhaustion

Duration of Last Sickness,

About one week

All the above information should be furnished by the Physician.

Place of Burial,

Balt Cemetery

Date of Burial,

May 21 1877

A. Ransom

M. D.

Medical Attendant.

{ Undertaker,

{ Place of Business,

Mr. Fox
54 N Broadway

Address

60 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{ OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lavinia Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, about 40

Years,

Months,

Days.

Color,

Colored

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Harford Co

Duration of Residence in the City of Baltimore,

about 30 years

Place of Death, { Give street and number. }

52. Little Monument St.

Cause of Death, { First (Primary),
Second (Immediate), }

Valvular Insufficiency

Duration of Last Sickness,

at least 6 months.

All the above information should be furnished by the Physician.

Place of Burial,

W. Pub Cemetery

Date of Burial,

May 21 1877

Eldridge C. Price

M. D.

Medical Attendant.

{ Undertaker,

M. H. P. Perry

{ Place of Business,

Pratt St

Address

262. Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

7663

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 20 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Houston

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 70 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 29 weeks

Place of Death, { Give street and number. } 70 Bryd St.

Cause of Death, { First (Primary,) _____
Second (Immediate,) Dropsy }

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lindenpark cemetery

Date of Burial, May 21

{ Undertaker, J.B. Cook } Address 379 W. Lombard St.

{ Place of Business, 704 West Baltimore }

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17664
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 20th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

James Henry Brigh

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Three

Years,

Ten

Months,

Twenty

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

#98 S. Stricker

Cause of Death,

First (Primary),
Second (Immediate.)

Scarlet Fever

Duration of Last Sickness,

Six days

All the above information should be furnished by the Physician.

Place of Burial,

St Peter's Cemetery

Date of Burial,

May 21

Undertaker,

J. B. Cook

Place of Business,

407 West Baltimore St

Address

584 W Fayette St

J. F. Livingston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st May 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Mrs. Mankin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 28 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 129 Boyd st

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 129 Boyd st

Cause of Death, { First (Primary,) Inflammation of the Brain
Second (Immediate,) }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 22

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore

Address, 187 Hollins st

M. D. Benson
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 19th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Harriet Noble

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age, about 80

Years,

Months,

Days.

Color,

Colored

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Nassau New Providence Bahama Is.

Duration of Residence in the City of Baltimore,

30 years

Place of Death,

Give street and number.

38 Edward St.

Cause of Death,

First (Primary),

Second (Immediate),

Old age + albuminuria

Heat Prostration.

Duration of Last Sickness,

Six months complaining.

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

May 21 1877

Undertaker,

J. H. Chase

Place of Business,

38 Edward St.

Address

Wm. Whitridge

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 20 1877

Full Name of Deceased,

Stanislaw Stankiewicz

Sex, Male

~~Female~~ {Cross out the word not required in this line.}

Age,

Years, 7 Months, Days.

Color,

white

Married, Single, Widow or Widower,

{Cross out the words not required in this line.}

Occupation,

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Rumany

Duration of Residence in the City of Baltimore,

21 days

Place of Death,

{Give street and number.}

48 Lancaster St

Cause of Death,

{First (Primary.)}

{Second (Immediate.)}

Whooping Cough
Hemorrhage

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

Mar 21 1877

M. D.

{Undertaker,

Wm. D. Deppel

{Place of Business,

Bond St

Address

Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information given by Stanislaw Stankiewicz Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

668
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 20 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emilia Louisa Carolina Haupt

Sex, Male or Female, { Cross out the word not required in this line. }

female

Age,

Years,

5 Months,

20 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

since born

Place of Death, { Give street and number. }

89 S. Bethel st.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Convulsions

Duration of Last Sickness,

9 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, May 21

Undertaker, Wendelin Dippel

Place of Business, S. Bond st. 151

P. E. Dausch M. D.
Medical Attendant.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

7669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, 10 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 21 1877

{ Undertaker, Arthur J. Leary

{ Place of Business, Light St

Address

17 Hamar av

H. B. Biddle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

7670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 20 th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

George Thomas Hanigan

Sex, Male ~~or Female~~,

{ Cross out the word not required in this line. }

Age,

Twenty three

Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow or Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Printer

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

During life

Place of Death,

{ Give street and number. }

94 North Eyster St.

Cause of Death,

{ First (Primary), }

Hemorrhage of the lungs

{ Second (Immediate), }

consumption

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral Cemetery

Date of Burial,

21 May 4 o'clock

Wilton St Taylor

M. D.

Medical Attendant.

{ Undertaker,

George C. Rodenmacher

{ Place of Business,

38 Eyster St

Address No Elderny St & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 20 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Simon Harrison

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 4 Years, Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Senior Birth

Place of Death, { Give street and number. }

629 W Baltimore St

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlatina
Diphtheria

Duration of Last Sickness,

14 Days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery ^{Road} ~~Abbeys~~

Date of Burial, May 21st 1877

J. G. McNeill M. D.
Medical Attendant

{ Undertaker, J. S. Loane
Place of Business, 568 W Balto St Address 203 H Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 21, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

James Blackton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years,

Months,

Days.

Color,

Sex,

Male

Married, Single, Widowed or Divorced, { Cross out the words not required in this line. }

Occupation,

Blacksmith

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Kent County

Duration of Residence in the City of Baltimore,

Twenty five years

Place of Death, { Give street and number. }

4036 Chiswick

Cause of Death, { First (Primary), Second (Immediate). }

Asphyxia

Duration of Last Sickness,

four weeks

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co. Med

Date of Burial, May 21, 1877

Undertaker, Hercules Ropes

Place of Business, West St

Address No 200 South East

city

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A circular ink stamp from the Health Department. The outer ring contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center, the date "MAY 21 1877" is stamped. The stamp is slightly faded and overlaps with the text "MAY 21 1877" printed on the document.

Color, *White* Scr.

Occupation,

Duration of Residence in the City of Baltimore, 3 Years —

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,) Exhaustion

All the above information should be furnished by the Physician.

Date of Burial, May 22nd 1861 Medical Attendant.

Place of Business, *Box 35, Bunk, B. D. L.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

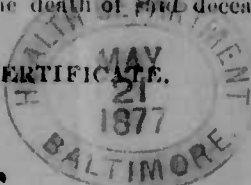
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *20th May 1877.*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Georg Henry Herket*
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, *---* Years, *---* Months, *34* Days.
 Color, *white*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, *---*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
 Duration of Residence in the City of Baltimore, *During lifetime*
 Place of Death, { Give street and number. } *S. Wolfestreet No 121.*
 Cause of Death, { First (Primary), Second (Immediate), } *Convulsiones.*
 Duration of Last Sickness, *3 hours*
All the above information should be furnished by the Physician.
 Place of Burial, *St. Johns Cemetery*
 Date of Burial, *May 21st*
 Undertaker, *M. J. Funk*
 Place of Business, *Box 85 Bank St*
 Address, *S. Wolfest. 117.*
 Medical Attendant, *William Herkel M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

7675

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louisa N. Muffitt
Glenale

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

77

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Cecil Co Md.

Duration of Residence in the City of Baltimore,

About 7 yrs

Place of Death, { Give street and number. }

333 Eager St, near

Cause of Death, { First (Primary),
Second (Immediate), }

Age
Dropsy

Duration of Last Sickness,

About 2 months

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral Cemetery

Date of Burial,

May 21st

M. D.

Medical Attendant.

{ Undertaker,

{ Place of Business,

Wm J. Fox
54 N. Bond St

Address 195 N. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death,

May 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles Thomas

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

15

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Bach.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

15 30 Bolton St.

Cause of Death, { First (Primary),
Second (Immediate), }

Pneumonia

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 21 77

Undertaker, S. M. Clark

Place of Business, 198 S. Howard St.

Address

30 N. Howard St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 20th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Rachel Nopsier*
 Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
 Age, *Four* Years, *Six* Months, *—* Days.
 Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *#402 N. Ford Ave*

Cause of Death, { First (Primary.) Second (Immediate.) } *Scarlet Fever*
Congestion of Brain

Duration of Last Sickness, *Two days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 22nd 1877* *A. Hartman & Son* M. D.
Medical Attendant.

{ Undertaker, *Mrs. John N. Weaver*

{ Place of Business, *#22 N. Fayette St.* Address *305 N. Caroline St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, William N Birch May 20. 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William N Birch

Sex, Male or ~~Female~~, { Cross out the word not required in this line, } Male

Age, + Years, 6 Months, 9 Days.

Color, White

~~Married~~, Single, ~~Widow~~, { Cross out the word not required in this line. } Single

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Co

Duration of Residence in the City of Baltimore, 4 months

Place of Death, { Give street and number. } 35.5 Falter

Cause of Death, { First (Primary,) Whooping cough - 1
Second (Immediate,) Cerebral effusion, favoured by a fall some 8 weeks ago.

Duration of Last Sickness, _____

All the above information should be furnished by the Physician

Place of Burial, Louisa Park & W. H. Kemp M. D.

Date of Burial, May 21 Medical Attendant.

{ Undertaker, J. B. Blackiston Address 55 N. Greene St

{ Place of Business, 606 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, //

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lacieah Rogers

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 7 Years, Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } King Geo. Co. Va

Duration of Residence in the City of Baltimore, one day

Place of Death, { Give street and number. } Str. Annonah

Cause of Death, { First (Primary,) Second (Immediate,) } Inflammation of stomach
Aluminium of blood

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, King Georges Co. Va E. W. Keeland M. D.

Date of Burial, May 22 1877 Medical Attendant.

{ Undertaker, Armstrong & Henry Address 89 Saratoga St

{ Place of Business, # 213 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 779

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17680

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Anne Gayles
Sex, Male or Female, { Cross out the word not required in this line. }
Age, Six Months, Fourteen Days.
Color, African

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Miller Green

Date of Burial, May 22

{ Undertaker, Wm H. DeWitt

{ Place of Business, 22 E. 1st St.

Jarvis H. Gayles M. D.
Medical Attendant.

Address 11 Bisquit St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 20th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Emilia Cole

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

4 Years,

5 Months,

16 Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

27 State St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Diphtheria

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral

Date of Burial,

May 22nd 1877

Undertaker,

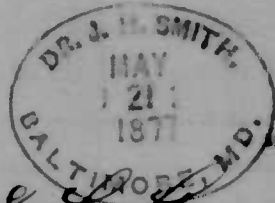
John C. Lordey

Place of Business,

Park St

Address

108 S. Sharp St.



M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

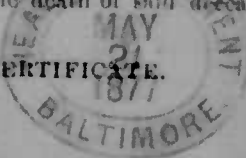
Board of Health, City of Baltimore,

17682

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

May 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Agnes Greer

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

80

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland.

Duration of Residence in the City of Baltimore,

25 years

Place of Death, { Give street and number. }

187 Forest St

Cause of Death, {

First (Primary,)

Second (Immediate,)

Senility

Asthma

Duration of Last Sickness, About seven weeks

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cem

Date of Burial,

May 22 - 77

D. M. Mathew Bathell

M. D.

Medical Attendant.

Undertaker,

John J. Rodenmayr

Place of Business,

Cor Greenmount Ave

Address 1/2 S. Epton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 20. 1877
Roths Zeijler.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 10 Months, Days.

Color, White -

Married, Single, Widowed or Widower, { Cross out the word is not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, May 22 1877

Undertaker, James D. Byrne

Place of Business, No 63 N. Green St. Address

Dr. Abert M. D.
Medical Attendant.

95 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 20 25 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Emma Victoria Pratt*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *One* Years, *7* & Months, *20* Days.

Color, *Mulatto* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Saratoga St No 38*

Cause of Death, { First (Primary.) *Diphtheria*
Second (Immediate.) *Convulsions*

Duration of Last Sickness, *Fatal Sickness of one week*

All the above information should be furnished by the Physician.

Place of Burial, *Greenbury Cemetery*

Date of Burial, *May 21st*

{ Undertaker, *Abraham W. Brown* Address
Place of Business, *No 30 Saratoga St*

E. G. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucy Owens

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 5 Months, Days.

Color, White Sex, Female

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 16 South Arlington Ave

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and number. } 16 S. Arlington Ave

Cause of Death, { First (Primary,) Disease of Mesenteric Glands of the Bowels

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Burying-ground, Philadelphia Road

Date of Burial, May 22 M. D.

{ Undertaker, J. B. Cook Address No 11 S. Arlington Ave

{ Place of Business, 707 West Baltimore

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

17686

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

George W. B. Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

9

Years,

Months,

15

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

City

Duration of Residence in the City of Baltimore,

9 4 15 d

Place of Death, { Give street and number. }

905 W Pratt St

Cause of Death, { First (Primary,) Second (Immediate,) }

Gastritis
2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cem

Date of Burial,

May 22nd

{ Undertaker,

J. D. Towles

{ Place of Business,

66 Fred Ave

Dr. L. Entubius M. D.
Medical Attendant.

Address 582 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17687

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 21*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Grace L. Widener*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *9 months* Years, _____ Months, _____ Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Virginia*

Duration of Residence in the City of Baltimore, *1 year*

Place of Death, { Give street and number. } *36 George St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dysentery*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *Old Cathedral Cemetery*

Date of Burial, *22 May - 1877*

Undertaker, *A. W. Jenkins & Son*

Place of Business, *16 Light St.*

Chas. O. Drimmer M. D.
Medical Attendant.

Address _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17688

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 22 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents. Mary Chase

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Half Year

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

169 Henrietta Street

Cause of Death,

First (Primary),

Second (Immediate),

Premature Birth (7 mos)
Asthenia

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial

Laurel Cemetery

Date of Burial,

May 22 1877

M. D.

Undertaker,

S. W. Chase

Place of Business,

Eutan St

Address

Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

Information by Margaret Spragg McDevitt [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17689
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } M D Meyer
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 59 Years, — Months, — Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } married
Occupation, Merchant
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany
Duration of Residence in the City of Baltimore, 25 years
Place of Death, { Give street and number. } 143 N Gay St.
Cause of Death, { First (Primary,) Heart disease.
Second (Immediate,) Dropsy - Infection of Lungs.
Duration of Last Sickness, Two years.
All the above information should be furnished by the Physician.
Place of Burial, B'nai Hebrew Congreg
Date of Burial, May 22 Abram R Arnold M. D.
Medical Attendant.
{ Undertaker, C Hollander & Son
Place of Business, 22 N. 1st St. } Address

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17694

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 10th 76 Found May 21st 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Jos Paul*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 51 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Peddler

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany 11 years in U S

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and number. } Found Drowned May 21st 77, nipped Dec 10 76

Cause of Death, { First (Primary,) Intemperance } in Frederick St Dock
{ Second (Immediate,) } Accidental Drowning

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Pauls burial ground

Date of Burial, May 22 Edmund Walker M. D. Medical Attendant.

{ Undertaker, Wm H Hackman } Address Corone M P D

{ Place of Business, 24 Bank St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17691

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 20th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Isabella Gibson*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *16* Years, *10* Months, Days.

Color, *White* Sex, *Female*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *684 W Lexington St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis Dropsy*

Duration of Last Sickness, *Of the 1st several years. of the 2^d about two months*
All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cent, & Glover Coys* M. D.

Date of Burial, *May 22nd* Medical Attendant.

{ Undertaker, *Mrs H Hickman* Address *289 W Fayette St*

{ Place of Business, *234 E Gay St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17692

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* by the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,...

Full Name of Deceased, {

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, {

Cross out the word not required in this line.

Age,

89 Years,

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, {

Cross out the words not required in this line.

Widow

Occupation,

Birthplace, {

State or country (and how long in the United States, if of foreign birth.

Bethesda Pa

Duration of Residence in the City of Baltimore,

60 Years

Place of Death, {

Give street and number.

279 W Lexington St,

Cause of Death, {

First (Primary),

Second (Immediate),

Asphyxiation of brain

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

May 21st 1877

{ Undertaker,

Stuart & Mawer

{ Place of Business,

35 E. Calver

Address

35 E. Calver

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17693

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 21st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Maria Cagan

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

35

Years,

Months,

Days.

Color,

White

Sex

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

None

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

887 S. Calver St.

Cause of Death,

First (Primary),

Second (Immediate),

Pneumonia

Duration of Last Sickness,

Several months

All the above information should be furnished by the Physician.

Place of Burial,

St. Paul's

Date of Burial,

May 24th 1877

Undertaker,

Jos. E. Byrne

Place of Business,

39 N. Liberty St.

Address

Franklin St.

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17694

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 21*

Full Name of Deceased, { Write last name and first name correctly. If an infant, not named, give names of parents. } *John Schley*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *74* Years, *one* Months, *16* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Tailor*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany (Pader)*

Duration of Residence in the City of Baltimore, *25 years*

Place of Death, { Give street and number. } *552 W. Eder St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Obstruction of Bladder and Prostate*
Exhaustion

Duration of Last Sickness, *four months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Mathai Church*

Date of Burial, *May 22 1877*

Undertaker, *H. Hafmann*

Place of Business, *63 W. Eder St*

St. Winternitz M. D.
Medical Attendant.

Address *12 S Eder St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17695

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 21st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ray Jehner*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *1* Years, *8* Months, Days.

Color, *white* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *185 Chestnut St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Scarlet Fever*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 22nd*

U.S. Norton M. D. Medical Attendant.

{ Undertaker, *Geo Schilling* Address

{ Place of Business, *Ashland Square*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17696

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 21st*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ernest Bell*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, *6* Months, Days.

Color, *col*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore Md*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *165 Pierce St*

Cause of Death, { First (Primary), Second (Immediate), } *Setting
Spasms
Ten days*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*

Date of Burial, *May 22*

{ Undertaker, *Thomas B. Chase* }

{ Place of Business, *198 South Howard St* }

W. M. Antium M. D.
Medical Attendant.

Address *192 Pearl St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17697

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry Chaibron Maguire

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 5 Months, 21 Days.

Color, red

Married, Single, Widow or Widower, { Cross out the word is not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 136 York Street

Cause of Death, { First (Primary,) Second (Immediate,) } Meningitis

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 29th 1877

Undertaker, J. P. Chase

Place of Business, 808 Howard St Address 369 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

176,98
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or later, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Mullin
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 35 Years, Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } Wash. University Hospital
Cause of Death, { First (Primary,) Typhoid Pneumonia
Second (Immediate,)
Duration of Last Sickness, Seven (7) weeks.
All the above information should be furnished by the Physician.
Place of Burial, Auncients Cemetery }
Date of Burial, May 22ⁿ 1877 } Chas B. Geyer M. D.
Medical Attendant.
{ Undertaker, James D. Byrne }
{ Place of Business, No 63 N Front St } Address Wash. Univ. Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17699
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Mayhem
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 33 Years, Months, Days.
Color, white.
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland
Duration of Residence in the City of Baltimore, 25 years
Place of Death, { Give street and number. } 34 N. E. Ave. St.
Cause of Death, { First (Primary,) Fibro Cystic tumor
Second (Immediate,) Ex laparotomy
Duration of Last Sickness, 5 years
All the above information should be furnished by the Physician.
Place of Burial, Holy cross cemetery
Date of Burial, May 22 1877
Undertaker, James D. Byrne
Place of Business, N. 63 N. Front St.
Address
Chas. A. Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17709

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 21st

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Catherine Leland

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

2

Years,

6

Months,

3

Days.

Color,

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

27. E. Eager St

Cause of Death,

First (Primary,)

Second (Immediate,)

Whooping Cough

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cemetery

Date of Burial,

May 22nd 1877

Undertaker,

James P. Byrne

Place of Business,

No 63 N Front St

Wm. Whitridge

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17701

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 21st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sarah Frances Briers*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, *3* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *529 Light St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cyanosis*

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *May 23rd 1877*

J. R. Drove M. D.
Medical Attendant.

~~Undertaker~~ *Jas W. Brier* Address *529 Light St.*

Place of Business, *529 Light St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17702

Who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* by the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Aratta Wells

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Supposed* 80 Years,

Months,

Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Calvert Co Md

Duration of Residence in the City of Baltimore,

unknown

Place of Death, { Give street and number. }

63 overland st

Cause of Death, { First (Primary,) Second (Immediate,) }

Supposed Old age

Duration of Last Sickness,

unknown

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St - Cemetery*

Date of Burial, *May 22 1877*

C. H. Henslow

M. D.

Medical Attendant.

{ Undertaker, *W. P. Gray*

{ Place of Business, *65 N. Liberty St*

Address *23 N. Calvert St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17703

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 22nd 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wallace W. Ridgely

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

9 Years,

9 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Prine George

Duration of Residence in the City of Baltimore,

6 years

Place of Death,

{ Give street and number. }

67 Pine

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Diphtheria

Duration of Last Sickness,

12 days

All the above information should be furnished by the Physician

Place of Burial,

Baltimore County

Date of Burial,

May 23rd 1877

{ Undertaker,

John Schuchter

{ Place of Business,

116 150 Broadway

Address

J. H. Murray

M. D.

Medical Attendant.

76 St. Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17704

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 21st*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Henry Williams*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *3* Years, *6* Months, *16* Days.

Color, *White* Sex, *Male*

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *city*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *No 12 Stockholm St*

Cause of Death, { First (Primary,) *Catach with Whooping Cough*
Second (Immediate,) *Convulsions*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Church* *J. C. Burch* M. D.

Date of Burial, *May 22nd 1877* Medical Attendant.

{ Undertaker, *Julius Kochler* Address *141 Hanover St*

{ Place of Business, *see Sharp & Bros. st*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Parrish

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 14 Years, Months, Days.

Color, mulatto Sex,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number. } No 51 Carlton St.

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 23^d

{ Undertaker, J. C. Jordan Address 120 W. Green St. }

{ Place of Business, No 63 Park Ave. }

S. B. Gardner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17706

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or other, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, 21st May (Kerckhoff)
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emilie Kerckhoff
Sex, Male or Female, { Cross out the word not required in this line. } female
Age, 13 Years, 5 Months, Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. } ☒ Single
Occupation, ☒ None
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } German Street 119
Cause of Death, { First (Primary,) Typhoid fever complicated with heart-disease.
Second (Immediate,) Embolism of the brain
Duration of Last Sickness, 9 days
All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemetery
Date of Burial, 23 May
Undertaker, H. Meier
Place of Business, N. Howard St.
Address 224 W. Fayette Street
Dr. F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

7707

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22 May 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Blanche
 Sex, Male or Female, { Cross out the word not required in this line. } Female
 Age, Years, 0 Months, weeks, Days.
 Color,
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Foundling
 Duration of Residence in the City of Baltimore, 8 Weeks
 Place of Death, { Give street and number. } St. Vincent's Infant Asylum.
 Cause of Death, { First (Primary.) Congenital Syphilis
 { Second (Immediate,) Atrophy.
 Duration of Last Sickness, from admission

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery
 Date of Burial, May 24 1877
 { Undertaker, Saml Bowser
 { Place of Business, 156 Division St.

Marbury Brewer M. D.
 Medical Attendant.
 Address 251 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 Years,

3 Months,

8 Days.

Color,

White,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

In U. S. Prisoners Office,
Virginia,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

39 Years,

Place of Death, { Give street and number. }

341 W. Lexington St.,

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Acute Phthisis Pulmonalis,

Duration of Last Sickness,

23 days,

All the above information should be furnished by the Physician

Place of Burial,

Green Mt. Cemetery

Date of Burial,

May 23 1877

Undertaker,

M. Jenkins & Son

Place of Business,

16 Light St.,

Address,

273 W. Lexington St.
City.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17709

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22nd May 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wilmer W. W. Drost

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 18 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 78 Hill

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 23^d 1877

{ Undertaker, Amos W. Denny
Place of Business, 263 Leggett }

Address 57 Bane, C

J. W. Webster, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17710
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 20 1877

Full Name of Deceased,

{ Write legibly and spell
correctly. If an infant
not named, give names
of parents }

Mary Ann Addison

Sex, ~~Male~~ or Female,

{ Cross out the word not
required in this line. }

Age,

6 Years,

5 Months,

Days.

Color,

W.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not
required in this line. }

Occupation,

Birthplace, { State or country (and how
long in the United States,
if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and
number. }

75 William St

Cause of Death, { First (Primary),

Second (Immediate), }

obscure medullary lesion

Duration of Last Sickness,

Exhaustion
Twelve years.

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

May 23^d 1877

{ Undertaker,

Anthony J. J. J.

{ Place of Business,

263 Light St

J. J. J. J. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty
of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish
within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth,
as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased,
and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 22 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eva, Senora Cornell
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
Age, Three Years, Five Months, Twenty Three Days.
Color, White Sex, Female
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Salt-Lake City - Utah
Duration of Residence in the City of Baltimore, Since July 1877
Place of Death, { Give street and number. } 541 W Fayette St -
Cause of Death, { First (Primary,) Second (Immediate,) } Scarlet Fever
Duration of Last Sickness, Eight days
All the above information should be furnished by the Physician.
Place of Burial, Western Cemetery
Date of Burial, May 23 1877 J. W. Corcoran M. D. Medical Attendant
{ Undertaker, Ad. Wiedemeyer Address 506 W Fayette St -
{ Place of Business, 518 1/2 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, May 22nd
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Cassiday
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 11 Years, Months, Days.
Color, White Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, Rescuer
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 210 Forest St
Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis
Duration of Last Sickness, 3 1/2 months
All the above information should be furnished by the Physician.
Place of Burial, Holly Cross Wm Whitridge M. D.
Date of Burial, May 24th Medical Attendant.
{ Undertaker, Geo Wessence Address
{ Place of Business, 206 Forest St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17713

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 23rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Ann Schoell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

86 Years,

Months,

Days.

Color,

white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

About 30 yrs

Place of Death, { Give street and number. }

10.6 n. Oregon St

Cause of Death, { First (Primary,) Second (Immediate,) }

Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St Michaels Church

Date of Burial,

May 23rd 1877

{ Undertaker,

John P. Paulkes

Address

117 S. Broadway

{ Place of Business,

66 Fred Ave

R. W. Mansfield

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

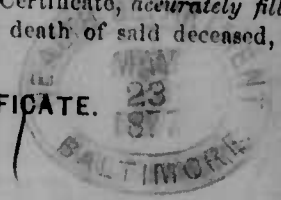
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 22 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Johnson Casson

Sex, Male ~~or Female~~, Cross out the word not required in this line.

Age, 26 Years, Months, Days.

Color, White Sex,

~~Married~~ Single, ~~Widow~~ ~~or~~ ~~Widower~~, Cross out the words not required in this line.

Occupation, Butcher

Birthplace, State or country (and how long in the United States, if of foreign birth.) Pennsylvania

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, Give street and number. St Joseph Hospital

Cause of Death, First (Primary), Second (Immediate), Tuberculosis - Hemorrhage -

Duration of Last Sickness, About 18 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Ch

Date of Burial, May 23 1877

Undertaker, Henry H. H. H.

Place of Business, 207 N. Central St

Address, 188 N. Calvert St

Seay J. Conkey M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 21st.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Anna Wieg

Sex, Male or Female, { Cross out the word not required in this line. }

Female.

Age,

47

Years,

3

Months,

Days.

Color,

White

Sex,

Female

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

25 years

Place of Death, { Give street and number. }

200 Cadab Street

Cause of Death,

{ First (Primary),

{ Second (Immediate),

Tuberculosis pulmonum

Neurasmus.

Duration of Last Sickness,

Two (2) years.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Dr. Seldner M. D.

Date of Burial, May 24, 1877

Medical Attendant.

{ Undertaker, Henry Hock

{ Place of Business, 309 Central Ave

Address, 29. S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. *17716*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *2nd May 1897*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Leola Brown*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, *3* Years, Months, Days.
Color, *Black* Sex, *Female*
Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *190 Lyson Alley*
Duration of Residence in the City of Baltimore, *3 yrs*
Place of Death, { Give street and number. } *190 Lyson Alley*
Cause of Death, { First (Primary,) Second (Immediate.) } *Pneumonia*
Duration of Last Sickness, *about a week*
All the above information should be furnished by the Physician.
Place of Burial, *Laurel cemetery*
Date of Burial, *May 23*
{ Undertaker, *J C Jordan,* Address *40 Rockwood St* }
{ Place of Business, *65 Park Ave* }
C B Hambley M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, *May 21st '77*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William Elbert*

Sex, *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, *51* Years, Months, Days.

Color, *Colored*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *Coachman*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Mid*

Duration of Residence in the City of Baltimore, *14 years*

Place of Death, { Give street and number. } *187 Tyne St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Enteritis*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*

Date of Burial, *May 23 1877*

Undertaker, *Samuel W. Chase*

Place of Business, *185 Howard St*

J. H. Keller

M. D.

Medical Attendant.

Address *89 N. Greene St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

17718

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 22

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Oscar Carlson

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

18

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Sailor

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Stockholm

Duration of Residence in the City of Baltimore,

Four weeks

Place of Death,

Give street and number.

Washington University, Baltimore

Cause of Death,

First (Primary),
Second (Immediate),

Typhoid fever
and
Pneumonia
Four weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

May 23rd

J. H. Preston

M. D.

Medical Attendant.

Undertaker,

John F. Byrne

Place of Business,

322 Liberty

Address

Washington University
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17,719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lilly May Wilson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Two Years, 10 Months, 3 Days.

Color, _____ Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } no. 33 Scott Street

Cause of Death, { First (Primary,) Second (Immediate,) } Measles

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 23rd 1877

{ Undertaker, Hughes & Co. Address 306 W. Fayette Street

{ Place of Business, 65 S. Broadway

M. D. Chas. W. Neff Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 21st 1872.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William Wright

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

45 Years,

Months,

Days.

Color,

Black.

Married, Single, Widower or Widowed, { Cross out the words not required in this line. }

Occupation,

Labourer.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Petersburg, Va.

Duration of Residence in the City of Baltimore,

about 10 years.

Place of Death, { Give street and number. }

127 Wilcome Alley.

Cause of Death, { First (Primary)... Second (Immediate), }

Chronic Abscess.

Pneumonia.

Duration of Last Sickness,

13 months.

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery

Date of Burial, May 22nd

{ Undertaker, M Hebe Jones

{ Place of Business, 448 W Pratt St

Address

Balti. Southern Dispensary.

J. W. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17721

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 22nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Henry Tennant*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *57* Years, *5* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, *Fresco painter*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *26 years*

Place of Death, { Give street and number. } *Holy Cross Church, West St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Accidentally Killed*

Duration of Last Sickness, *20 minutes*

All the above information should be furnished by the Physician.

Place of Burial, *Landow Park Cemetery*

Date of Burial, *May 24th*

{ Undertaker, *F. N. Trol*

{ Place of Business, *131. Hanover St.*

R. C. Lee M. D.
Coroner 3 D.

Address *Hanover & Barr Sts*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22 9³⁰ A.M. 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence Michael Smith
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Years, 8 Months, 12 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, { Give street and number. } 330 E. Monument St.
Cause of Death, { First (Primary,) Subarachnoid Meningitis
Second (Immediate,) Eclampsia
Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemt
Date of Burial, May 23, 77
{ Undertaker, John J. Rodenmayer
{ Place of Business, Cor Monument and
Address 299 E. Baltimore St.
James E. Driscoll M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 22 - 1877.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

James H. Hays

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

42

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Carrier
Balto

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

89. Airquilt St.

Cause of Death,

{ First (Primary),
Second (Immediate). }

Spasm

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

May 24 - 1877

Undertaker,

M. A. Daigres

Place of Business,

74 S B ing

Address

134 Belmar St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17724

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May, 22nd 1944*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Annie Barbara Stoppers*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *1* Years, *11* Months, *10* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *302 Canton Avenue*

Cause of Death, { First (Primary), Second (Immediate), } *Gastro-Intestinal Catarrh*
Convulsions

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cem.*

Date of Burial, *May 24th 1944*

Undertaker, *Michael France*

Place of Business, *No. 280 Canton Ave*

James J. Shaw M. D.
Medical Attendant.
68 C. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

17725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 22nd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Wm. B. Phillips

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

Two

Months,

Eight

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Batavia City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

No. 45 S. Bond

Cause of Death,

First (Primary),

Second (Immediate),

Bronchitis
Convulsions

Duration of Last Sickness,

Five (5) days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

St. Paul Church

35 N. Bond St.

Address

G. L. McKim

M. D.

Medical Attendant.

77 S. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Martha Wolf

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

30 Years,

4 Months,

Days.

Color,

white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore city

Duration of Residence in the City of Baltimore,

During life time

Place of Death, { Give street and number. }

149 S. Washington St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Confinement

Tetanus

Traumatic

Duration of Last Sickness,

19 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 24

R. W. Mansfield

M. D.

Medical Attendant.

{ Undertaker, Wendelin Dippel

{ Place of Business, S. Bond St. 151

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 77

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Doris Eutaw

Sex, Male or Female, Cross out the word not required in this line. Female

Age, 8 Days Years, Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line. Child

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Canton Avenue No. 194.

Duration of Residence in the City of Baltimore, " " "

Place of Death, Give street and number. Canton Avenue 194.

Cause of Death, First (Primary,) Second (Immediate,) Convulsions.

Duration of Last Sickness, some hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens St. Nichols Graveyard.

Date of Burial, May 24

Undertaker, Wendelin Dippel

Place of Business, S. Bond St. 151

Address

Ernst Hanel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 17728

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1911

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mr. Ann Thomas.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 76 Years, Months, Days.

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C.

Date of Burial, May 24

{ Undertaker, J. B. Blackiston & Son

{ Place of Business, 606 Baltimore St

J. J. Sledge, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

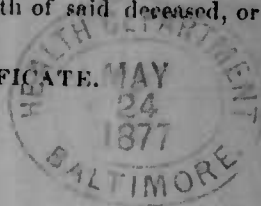
OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 22nd 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Bosta
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
Age, 2 Years, 3 Months, Days.
Color, Dark brown
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, none
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, 3 months
Place of Death, { Give street and number. } 39 Greenwillow st
Cause of Death, { First (Primary,) Measles
Second (Immediate,) Congestion of lungs
Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 23rd 1877

{ Undertaker, Wm. A. Bishop Jr.
Place of Business, 23 South Hillman

C. B. F. Bohm

M. D.

Medical Attendant.

Address Cor Dolphin & Rep st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 22nd 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Timothy Driscoll
 Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
 Age, 40 Years, Months, Days.
 Color, White
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, Pedler.
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } County Ark Ireland.
 Duration of Residence in the City of Baltimore, 15 years
 Place of Death, { Give street and number. } 169 N. Eyster St.
 Cause of Death, { First (Primary,) Second (Immediate,) } Result of a Pistol wound.
 Duration of Last Sickness, From Sept 24 1876 to May 22nd 1877

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery
 Date of Burial, May 24 1877
 { Undertaker, James D Byrne
 Place of Business, 116 63 N Front St }
 Address 137 N Eyster St
 By request of Dr Walker Armes.

Edward P McDevitt M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 33rd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Emily Shaw

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 11 Years, 9 Months, 6 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word is not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Philadelphia Pennsylvania

Duration of Residence in the City of Baltimore, 11 Years 6 Months

Place of Death, { Give street and number. } 30 North Gay

Cause of Death, { First (Primary.) Second (Immediate.) } Rheumatism
Dis Inflammation of heart

Duration of Last Sickness, four days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, May 24 1877 Geo. H. Napson M. D.

Undertaker, Wm. Gray

Place of Business, Broadway Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Constance Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 72 Years, 4 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Nurse

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 84 Jefferson St.

Cause of Death, { First (Primary,) Enteritis
Second (Immediate,) Mortification

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 24 1877 James E. Donnell M. D.

Medical Attendant.

{ Undertaker, Wm. H. Hays

{ Place of Business, Broadway

Address 297 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

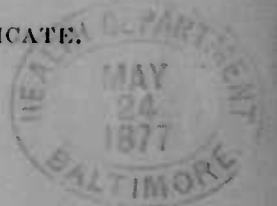
OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17733

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 22

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Robert~~ Rodney C. Tottle

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 8 Months, 13 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } ind

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 369 Park Ave

Cause of Death, { First (Primary.) Second (Immediate.) } Dementia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 24

{ Undertaker, W. H. Blizard

{ Place of Business, 201 Pen. av

J. G. Keller.

M. D.

Medical Attendant.

Address 87 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Harriet E. S. Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

7 Months,

Days.

Color,

Color

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

177 Warner St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Morbid Ventilation
Meningitis

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24

{ Undertaker, Hercules Boss

{ Place of Business, 180 W. 3 St

R. J. N. Tall M. D.
Medical Attendant.

Address 158 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

1 Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, S. Thomas Cemetery.

Date of Burial, May 25th

Undertaker, B. Harle

Place of Business, 411 Light St.

May 24th 1877.
William P. Smith.

Male

6 Months,

8 Days.

White

Baltimore
since birth
149 Johnson

Pneumonia
3 days



M. D.
Medical Attendant.

Address 108 S. Chap St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 1111

CERTIFICATE OF DEATH.

Date of Death, May 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Willholland

~~Male~~ Female, { Cross out the word not required in this line. }

4¹/₂ Years, Months, Days. white

Married, Single, Widowed, or ~~Other~~ { Cross out the words not required in this line. }

Occupation, _____

Place, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore, _____

Life

Place of Death, { Give street and number. }

206 Chew Street

Cause of Death, { First (Primary), Second (Immediate), }

Phtthisis Pulmonalis

Duration of Last Sickness, _____

Several years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

James A. Stinson M.D.

Date of Burial, May 20th 1877

{ Undertaker, R. A. L. Bevan
Place of Business, E. Baltimore St }

Address, Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by - Family _____

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 23 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Teresa Miller

Sex, Male or Female,

Cross out the word not required in this line.

Age,

27

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

183 Pierce St

Cause of Death,

First (Primary.)
Second (Immediate.)

Pulmonary Consumption

Duration of Last Sickness,

2 years 2 months

Place of Burial,

St. Francis Cemetery

Date of Burial,

May 25 1877

Undertaker,

W. Hammer

Place of Business,

317 Mulberry St

J. T. Knight

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24/11 Julia Ann
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Miss Ringold
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 93 Years, Months, Days.
Color, white Sex,
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Annapolis Md.
Duration of Residence in the City of Baltimore, 70 years
Place of Death, { Give street and number. } 237 N. Carey
Cause of Death, { First (Primary,) Old age
{ Second (Immediate,)
Duration of Last Sickness, almost instantaneous
All the above information should be furnished by the Physician.
Place of Burial, Green Mount Cemetery Mortimer Quinn M. D.
Date of Burial, May 25th 1877 Medical Attendant.
{ Undertaker, Hughes & Co Address 680 W. Fayette St
{ Place of Business, 350 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. *17740*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 24th 1873.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

August Rant & Johanna Rant
(Parent)

Sex, *Male* or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, *Single*, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balti. Md.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

658 W. Balw St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

~~Jaundice~~

Septicemia

Duration of Last Sickness,

two days.

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

May 25th 1873

{ Undertaker,

{ Place of Business,

P. H. Schaefer

182 N. E. St.

J. C. Officer

M. D.

Medical Attendant.

Address

379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 17741

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Patrick Salespie

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, About 38 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and number. } Pier 7 Locust Point Residence 148 S. Durham St.

Cause of Death, { First (Primary,) Second (Immediate,) } Apoplexy

Duration of Last Sickness, about 20 minutes

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, May 25 1877

{ Undertaker, M. A. Dargatzis } R. W. Lee M.D. Medical Attendant.

{ Place of Business, 74 S. Bond } Address Hanover & Barr Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 17742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna M. Winitzhofer

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

65 Years,

Months,

Days.

Color,

white

Married, ~~Single~~ ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

Twenty four years

Place of Death, { Give street and number. }

11 Post St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia

Duration of Last Sickness,

36 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 26th 1877

Aug. F. Erich

M. D.

Medical Attendant.

{ Undertaker, H. M. Gibmeyer

{ Place of Business, 341 Canton St.

Address 94 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 24th 1874

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Pfitoch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years,

Months,

Days.

Color, White

Sex,

Married, Single, Widowed, { Cross out the words not required in this line. }

Occupation, Barber

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

during life

Place of Death, { Give street and number. }

Union Protestant Infirmary

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 26th

{ Undertaker, Henry Brielle
Place of Business, Harrietta St 31 }

Chris Fawcett M. D.
Medical Attendant

Address 93 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 17744

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24, 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry Ratowitch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 256 N. Dallas St.

Cause of Death, { First (Primary,) "Scarlatina Maligna" Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore

Date of Burial, May 25th 1897

Undertaker, Peter Radwitsch

Place of Business, 256 N. Dallas St. Address 256 N. Caroline St.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1911
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katie Kistner
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, Years, Months, 15 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } 39 Walker St.
Cause of Death, { First (Primary,) } Poison
{ Second (Immediate,) } 8 days
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, Western Cemetery
Date of Burial, May 26 1911 L. S. Buddenbaken M. D. Medical Attendant.
{ Undertaker, John Teufel Address 116 Columbia Ave.
{ Place of Business, 616 W. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17746

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH,

Date of Death, 25 May 1817.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Ann Hays

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, 14 Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 204 German St.

Cause of Death, { First (Primary,) Second (Immediate,) } suffocated accidentally

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Calverton cemetery

Date of Burial, May 26

Undertaker, J B Cook

Place of Business, 407 West Baltimore

Address

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

23rd May 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William Marsh

Sex, Male or Female,

Cross out the word not required in this line.

Age,

76

Years,

6

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

England

Duration of Residence in the City of Baltimore,

56 yrs

Place of Death,

Give street and number.

227 William St

Cause of Death,

First (Primary.)

Second (Immediate.)

Phthisis Pulmonalis

Duration of Last Sickness,

Two months

All the above information should be furnished by the Physician.

Place of Burial,

Greenwood Park Ch

Date of Burial,

May 25th 1877

J. W. Webster, M. D.
Medical Assistant.

Undertaker,

John S. Chapman

Place of Business,

No 150 Camden St

Address

57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } John E. L. Sallie M. Hutcheson

Sex, Male or Female, { Cross out the word not required in this line. } Female (Parents)

Age, 0 Years, Months, 5 weeks Days

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 270 Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 270 Druid Hill Avenue

Cause of Death, { First (Primary,) Whooping Cough
Second (Immediate,) Congestion of Lungs

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery of B. B. Browne M. D.

Date of Burial, May 25 Medical Attendant

{ Undertaker, Henry Meyer Address 307 Madison Avenue
{ Place of Business, 106 W. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

action of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17749

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 24. 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ellenora Sanders

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years,

5

Months,

Days.

Color, (Caucasian)

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

No 7. Plum Alley

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 9 Peach Alley

Cause of Death, { First (Primary),
Second (Immediate), }

Congestion of the Brain
Eight Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 25th

J. I. Shady

M. D.

Medical Attendant.

Undertaker, J. Davis

Place of Business, 222 E St

Address 222 E St

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

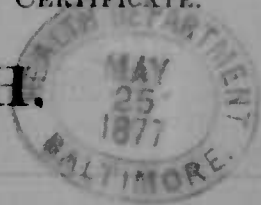
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 24

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E Mahan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 1/2 Years, Months, Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number. } 670 W Pratt St

Cause of Death, { First (Primary.) Tubercular Consumption
Second (Immediate.) Tubercular Laryngitis }

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Cemetery

Date of Burial, May 26

Chas A Donnan M. D.
Medical Attendant.

{ Undertaker, J B Cook }

{ Place of Business, 707 West Baltimore }

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17757.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 25, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henretta Goodman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ————— Years, ————— Months, *5* Days,

Color,

white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

83 E. Fayette St.

Cause of Death, { First (Primary),
Second (Immediate), }

Un known.

Duration of Last Sickness,

Since birth,

All the above information should be furnished by the Physician.

Place of Burial, *Bet. Hebr. Cem.*

J. A. Hancock M. D.

Medical Attendant.

Date of Burial,

{ Undertaker,

W. Jacobi

Address

75 E. Baltimore St.

{ Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm B. Jones
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 52 Years, Months, Days.
Color, White Sex,
Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
Occupation, Clerk
Birthplace, { State or country (and how long in the United States, if of foreign birth. } America
Duration of Residence in the City of Baltimore, 20
Place of Death, { Give street and number. } St Joseph's Hospital
Cause of Death, { First (Primary,) Apoplexy
Second (Immediate,) Coma (In Hosp. 48 hours)
Duration of Last Sickness, 6 Days
All the above information should be furnished by the Physician.
Place of Burial, Baltimore Cemetery Oscar J. Coker M. D.
Date of Burial, May 27 1877 Medical Attendant.
{ Undertaker, James D. Byrne Address 188 N Calver St
{ Place of Business, No 63 N. Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Boyle

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~60~~ 58 Years, Months, Days.

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 244 Biddle St
Gastroenteritis

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, One Year

All the above Information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, May 28 1877

Undertaker, James P. Byrne

Place of Business, No 63 N Street St

Chas Q Donohue M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *177824*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Geo. H. Grund

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *10* Years, *3* Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt Co

Duration of Residence in the City of Baltimore, *6 years*

Place of Death, { Give street and number. }

No 360 Chesapeake St

Cause of Death, { First (Primary), Second (Immediate), }

Wound on head by stone

Abscess in brain & pyemia

Duration of Last Sickness, *10 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *West Cathedral cemetery*

Date of Burial, *May 27 1877*

Edwin D. McKelvey M. D.
Medical Attendant.

{ Undertaker, *James D. Byrne*

{ Place of Business, *No 63 N Howard St*

Address *Crown St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17753

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 25th 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Catherine Keland

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 9

Months, 25 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland
Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

35 E. Eager St.

Cause of Death, { First (Primary),
Second (Immediate), }

Pertussis
Pneumonia
One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 26th 77

Dr. Brooke Boyle M. D.
Medical Attendant.

Undertaker, James D. Byrne

Place of Business, No 63 N. Green St

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **17786**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 25th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Dr. Wm Howard

Sex, Male or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

63

Years,

6

Months,

Days.

Color,

white

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Physician

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

England, since 1855

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

228 Stratford St

Cause of Death,

{ First (Primary), }

Phthisis pulmonalis

{ Second (Immediate), }

Duration of Last Sickness,

8 mos

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cem

Date of Burial,

May 26

Edmund Walker

M. D.

{ Undertaker,

Wm Blazs

{ Place of Business,

201 E. Ave

Address **180 Linden Ave**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 24th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Sarah Jones

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line.

Age,

Years,

5

Months,

Days.

Color,

Cal L

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number.

32

Vincent alley

Cause of Death,

{ First (Primary.)

Second (Immediate.)

Cold

Bronchitis

Duration of Last Sickness,

3 weeks -

All the above information should be furnished by the Physician

Place of Burial,

Sharp St Cemetery

Date of Burial,

May 26 1877

M. D.

{ Undertaker,

S. W. Chas

{ Place of Business,

S. Howard St

Address

Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information S. W. Chas Undertaker [OVER.]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate. No. 17758

Board of Health, City of Baltimore,

Permit No. 17758

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 25 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mr. W. Hammond

Sex, Male or Female,

Cross out the word not required in this line.

Age,

67

Years,

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Gentleman

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Howard County

Duration of Residence in the City of Baltimore,

4 years

Place of Death,

Give street and number.

1516

West Baltimore

Cause of Death,

First (Primary),

Second (Immediate),

Softening of Brain

Paralysis

Duration of Last Sickness,

About 4 years

All the above information should be furnished by the Physician.

Place of Burial,

London Park

J. P. Hoffman

Date of Burial,

May 26 1877

M. D. 7

Medical Attendant.

Undertaker,

P. Kimmert

Place of Business,

217 Broadway

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ATTENTION OF PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE. No. 17759

Board of Health, City of Baltimore,

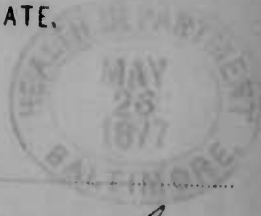
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 24th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

William Henry Hammel -

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

5

Years,

7

Months,

15

Days.

Color,

White

~~Married, Single, Widowed or Widower,~~

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number }

No 216 Jetted St

Cause of Death,

{ First (Primary.)

Second (Immediate.)

Meningitis

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 26th - 1877

Undertaker, Leonard & Warr

Place of Business, S. Hand & Co. No 272

Thomas J. Evans M. D.

Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 25th 1877

Full Name of Deceased, Benjamin Jones

Sex, Male or Female, Male

Age, 64 Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Bricklayer

Birthplace, Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, Bond St North of John St house

Cause of Death, Consumption of lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore City

Date of Burial, 27th May 1877

Undertaker, J. Hartman

Place of Business, 33 N. Broadway

Address, 1305 N. Caroline St. I did not see this person previous to death

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17764

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 25, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Rachio Stevens

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Forty one Years,

Color,

Months,

White

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

179. Hudson St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Epilepsy

Duration of Last Sickness,

4 hours

All the above information should be furnished to the Physician

Place of Burial,

W. E. Phil R. Church

Date of Burial,

May 26, 1877

Undertaker,

M. A. Waigew

Place of Business,

74 S Broadway

Address

M. D.

Medical Attendant.

Carroll E. Dink

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17762

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26 1877

Full Name of Deceased, { Writes legibly and spell correctly. If an infant not named, give names of parents. } Edmund S. Edwards

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, 12 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 102 Mulberry St

Cause of Death, { First (Primary,) Second (Immediate,) } Capillary Bronchitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 27 1877 Dr. Geo W. Bensen M. D.

{ Undertaker, H. M. Jenkins Address This to be Substituted by his Certificate }

{ Place of Business, Light St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Association of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17763,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Mary E. Brown

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, 4 Months, _____ Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, { Give street and number. } 14 Boyd Street

Cause of Death, { First (Primary), Second (Immediate), } Whooping Cough
Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 27th 1877

{ Undertaker, Place of Business, } Jacob Davis, Lee Street

{ Address, } James A. Stenrod, M. D.
Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah Brown Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th mo 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur W. M. Caffery

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 68 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 48 years

Place of Death, { Give street and number. } 68 Lexington St.

Cause of Death, { First (Primary,) } Consumption.
{ Second (Immediate,) }

Duration of Last Sickness, about 1 year.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 28th 1877

Undertaker, Mrs. H. Bickman

Place of Business, 234 N. Gay St.

Address, 47 Lexington St.

M. D. H. Riley
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 17765

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th May
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Samson
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, . Years, 6 Months, . Days,
Color, white
Married, Single, Widow or Widower, { Cross out the word is not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } 93 Lombard
Cause of Death, { First (Primary, } Pneumonia
{ Second (Immediate, }
Duration of Last Sickness, 3 Days.
All the above information should be furnished by the Physician.
Place of Burial, St. Mathias Church
Date of Burial, May 27, 1877.
{ Undertaker, J. H. Samson
{ Place of Business, 63 N. E. Street Address 57, W. 24th.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20th May 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Hopewell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 74 Years, Months, Days.

Color, White, Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Five Years.

Place of Death, { Give street and number. } 425 North Home

Cause of Death, { First (Primary,) Paralysis
Second (Immediate,)

Duration of Last Sickness, 5 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 27 1877

{ Undertaker, A.W. Venkin & Son
Place of Business, 16 Light St.

Address, 1725 N. E. St.

Geo H. Hopewell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday May 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John B. Fontenoy

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 Years, Months, Days.

Color, Negro Sex, Male

Married, Single, Widowed, { Cross out the words not required in this line. }

Occupation, Teacher

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Martinsburg Virginia

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 4 Water Court-

Cause of Death, { First (Primary,) Tuberculosis
Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery J. A. M. D.

Date of Burial, May 28th Medical Attendant

{ Undertaker, J. C. Jordan Address 57 N. Calvert St.
{ Place of Business, 13 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 25

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Horace Cole

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

3

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

28 Elizabeth Lane

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Measles

Chronic Bronchitis

Duration of Last Sickness,

12 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet cemetery

Date of Burial,

May 27 1877

Address

1146 N. Avenue

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death,

May 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Florence Centennial Matthews

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

10

Months,

6

Days.

Color,

Black

Sex,

Female

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

all life

Place of Death, { Give street and number. }

184 Lehigh Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia (Third Stage)

Asthma

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St. Cemetery

Date of Burial,

May 27th 1877

{ Undertaker,

{ Place of Business,

Address

47 Edmondson Ave

J. E. Gibbons

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17770*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *26th May 1877.*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Maggie Wagner*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*
Age, *2* Years, *2* Months, *—* Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, *—*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*
Duration of Residence in the City of Baltimore, *—*
Place of Death, { Give street and number. } *146. Baryard St.*
Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*
Duration of Last Sickness, *14 Days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*
Date of Burial, *May 28 1877*
Undertaker, *P. Kummer*
Place of Business, *317 Mulberry St.*
Address, *106 Columbia Ave.*
D. L. Badelstein M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17771

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Stonewall Jackson Edlin.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 14 Years, 1 Months, 1 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give street and number. } 130 S Fulton St

Cause of Death, { First (Primary,) Second (Immediate,) } RK injury to ankle & foot.
Petaino.

Duration of Last Sickness, Two and half weeks

All the above information should be furnished by the Physician.

Place of Burial, County Liberty Co

Date of Burial, May 27

Undertaker, J. B. Blackiston

Place of Business, 606 Bate St

W. L. Register M. D.
Medical Attendant.

J. H. Cor. Calhoun & Fayette
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

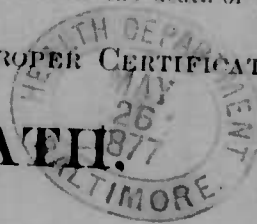
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 26th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alfred Smith Geer.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, sixty two Years,

Months,

Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Carpenter.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Connecticut.

Duration of Residence in the City of Baltimore, Thirty years.

Place of Death, { Give street and number. } 129 Eastern Avenue.

Cause of Death, { First (Primary), Second (Immediate), } Dropsy.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. C. B. Grand Phil. was

Date of Burial, May 27th 1877

Undertaker, Mr. H. Hickman

Place of Business, 237 N. Gay St.

Nicholas L. Dabbs, M. D.
Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17773

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Henry Thomas
Sex, Male or Female, { Cross out the word not required in this line. } male
Age, Years, 10 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

James A. Stewart, M. D.
Medical Attendant.

Address

Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. / 77711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 26th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Thomas.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 45 Years,

Months,

Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

130 Battery Av.

Cause of Death, { First (Primary).
Second (Immediate). }

Phthisis Pulmonalis.

Duration of Last Sickness,

in bed, about 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Mt. Olivet Cemetery R. J. H. Tall

M. D.

Date of Burial,

May 27th

Medical Attendant.

{ Undertaker, F. H. Trolle

{ Place of Business, 131 Hanover St.

Address 158, E. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17775

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 26. 1897.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Henry Grant*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, _____ Years, *Eleven* Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *City*

Duration of Residence in the City of Baltimore, *11 yrs*

Place of Death, { Give street and number. } *333 Canton Ave.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Dentition*
Convulsions

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *St. Paul Cemetery*

Date of Burial, *May 27th 1897*

{ Undertaker, *H. M. Gibmeyer*

{ Place of Business, *341 Canton Ave.*

D. C. Ireland M. D.
Edward Brown Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17776

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 28th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Eliza Jane Gray

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Female

Age,

Years,

Three (3)

Months,

Twenty three (23)

Days.

Color,

Black

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City of Balto

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No. 47 Walker St

Cause of Death,

(First (Primary),)
(Second (Immediate),)

Gastro-Enteritis (Dysentery)

Duration of Last Sickness,

Two Days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

May 27th

Geo D Blake

M. D.

Medical Attendant.

Undertaker,

Place of Business,

James Davis
140 Scott St

Address 140 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. It be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Year, 4 Months, 9 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Saint Peter's

Date of Burial, May 27th

Undertaker, Geo. Shilling

Place of Business, North West Corner Monument & Calvert St.

Address

2 Park Lane St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician is respectfully invited to the remarks below, and to List of Diseases on back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Saturday May 26th*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Elizabeth Norris*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*
Age, *5* Years, *8* Months, Days.
Color, *White* Sex, *Female*
~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*
Duration of Residence in the City of Baltimore, *5 yrs 8 months*
Place of Death, { Give street and number. } *52 Saratoga Street*
Cause of Death, { First (Primary,) *Measles*
Second (Immediate,) *Croup - complication*
Duration of Last Sickness, *Seven days*
All the above information should be furnished by the Physician.
Place of Burial, *Cathedral Cemetery*
Date of Burial, *May 28th 77* *E. G. Welch* M. D. Medical Attendant.
{ Undertaker, *Thos. S. Hughes* Address *571 N. Calvert St.*
{ Place of Business, *1060 E B alt St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

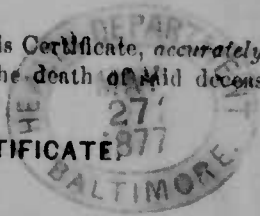
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 26th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Murray Hamilton
Sex, Male or Female, { Cross out the word not required in this line. } male
Age, Sixty five Years, Months, Days.
Color, { } Sex, male
Married, Single, Widow or Widower, { Cross out the words not required in this line. } married
Occupation, Driver of Lumber Wagon
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Talbot Co MD
Duration of Residence in the City of Baltimore, Twelve years
Place of Death, { Give street and number. } No 24 Short St
Cause of Death, { First (Primary,) Tuberculosis
Second (Immediate,) Pulmonary Hemorrhage
Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
Date of Burial, May 27th 1877
{ Undertaker, Whitfield Winscy M. D. Medical Attendant
{ Place of Business, 115 E. Fayette St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha Ann Burns

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Nine Months, Seven Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore city Maryland

Duration of Residence in the City of Baltimore, continued

Place of Death, { Give street and number. } No 300 S. Howard St

Cause of Death, { First (Primary,) Hereditary consumption
Second (Immediate,) Tubercular meningitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 27th

{ Undertaker, Hercules Ross
Place of Business, 180 W. 5th St

J. D. Dyer M. D.
No. 146 Hill St
Address Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Chamberger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 16 Years, 2 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 385 W. Pratt St.

Cause of Death, { First (Primary,) Progressive locomotor ataxia
Second (Immediate,) Congestion of the lungs }

Duration of Last Sickness, 2 to 3 days

All the above information should be furnished by the Physician.

Place of Burial, Catholic's Haven

Date of Burial, Montag 28. May 1877

{ Undertaker, Georg Limbach.
Place of Business, 389 W. Pratt St. }

Address 95 S. Maryland St.

H. L. Allen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *such* deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 26th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Eugene Arthur Shaffer

Sex, Male or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

2

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

543 N. Lombard St

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Granulation
Since Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

London Park Cemetery

Date of Burial,

May 27th 1877

{ Undertaker,

J. B. Cook

{ Place of Business,

107 N. Baltimore Street

W. R. McTear

M. D.

Medical Attendant.

Address

582 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

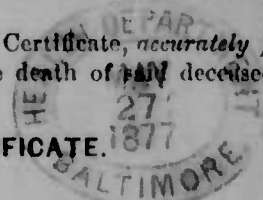
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17783.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~any~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *20th May 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Maggie Ellen Coe*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *32* Years, *8* Months, Days.

Color, *W* Sex, *F*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Pastry*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Pastry*

Duration of Residence in the City of Baltimore, *11 years*

Place of Death, { Give street and number. } *8. Carlton St*

Cause of Death, { First (Primary,) *Dilatation of Heart, with*
Second (Immediate,) *Initial Degeneration*

Duration of Last Sickness, *1 year*

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's cemetery*

Date of Burial, *May 27 1877*

Undertaker, *J. B. Cook*

Place of Business, *1104 N. Baltimore Street*

Address *1104 N. Baltimore Street*

Medical Attendant, *Geo. H. [Signature]* M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Kearney

Sex, Male or Female { Cross out the word not required in this line. }

Age, 41 Years, Months, Days.

Color, White

Married, Single, Widow or Widower { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and number. } 20 Ryan street

Cause of Death, { First (Primary), Second (Immediate), } Over heated whilst at work
Paralysis of Brain
one week.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peter's cemetery

Date of Burial, May 28 1877

Undertaker, J. B. Cook

Place of Business, 407 W. Baltimore Street

Geo. C. Loomis M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

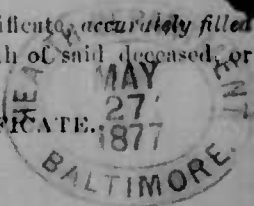
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *May 27th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Barroch*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *6* Years, Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. Md.*

Duration of Residence in the City of Baltimore, *since birth*

Place of Death, { Give street and number. } *37 Barnett St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Abdominal tumor
convulsions*

Duration of Last Sickness, *Three months*

All the above information should be furnished by the Physician.

Place of Burial, *S. Alphonsus Ch.*

Date of Burial, *May 28, 1877*

Undertaker, *Henry Welch*

Place of Business, *369 N. Central Ave.*

G. G. Ruck M. D.
Medical Attendant.

Address *Balt. & N. 1st St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17786

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Johnson
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 2 Years, 3 Months, Days.
Color, ~~white~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)
Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 27th 1877

{ Undertaker, Hercules Ross

{ Place of Business, West St

James A. Stearns M.D.
Medical Attendant.

Address Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

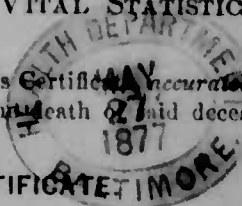
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, Friday May 26, 1877; 3 o'clock am.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Stewart

Sex, Male or Female, { Cross out the word not required in this line. }

Age, fifty-seven Years, Months, Days.

Color, Colored Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Anne Arundel Co.,

Duration of Residence in the City of Baltimore, Five (5) years

Place of Death, { Give street and number. } No. 208 Dover St.,

Cause of Death, { First (Primary,) Valvular disease of the heart
Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, { } { }

Date of Burial, June 1, 1877

{ Undertaker, { } { }

{ Place of Business, { } { }

Dr. W. L. Alderice

M. D.

Medical Attendant.

Address 82 S. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

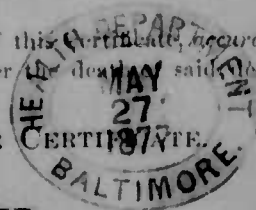
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

May 27

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth Reily

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

65

Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

238 La St

Cause of Death,

{ First (Primary),
Second (Immediate), }

Empyematous Inflammation of the Abdomen

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cem.

Date of Burial,

May 28th

Theodore Cook

M. D.

Medical Attendant.

{ Undertaker,

Wm. J. Tickner

{ Place of Business,

45 S. Eutaw St

Address 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17789

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 27

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maggie Sanders

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

One Months,

21

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

32 Tow Lk

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give street and number. }

32 Tow Lk

Cause of Death, { First (Primary,) Second (Immediate,) }

Mal-nutrition Bottle fed

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

28th May

{ Undertaker,

Adam Smith

{ Place of Business,

461 Pratt Jay St

Address

J. B. White

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Thomas Ann. Graydon

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, One Years, Six Months, Days.

Color, White

Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

170 N High st

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlet Fever
22 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery S. J. Boyner M. D.

Date of Burial, May 28th 1877

{ Undertaker, Jas P. Byrne

Medical Attendant.

{ Place of Business, Front St Address 134 N High

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 27th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

J. King

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

6

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore - Maine

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

No. 4, Bradford St.

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Diphtheria

Duration of Last Sickness,

All the above information should be furnished by the Physician.

18 days

Place of Burial,

Baltimore - Maryland

Date of Burial,

May 28th 5 p.m.

M. D.

Medical Attendant.

{ Undertaker,

Henry Standen

{ Place of Business,

252 Canton St.

Address

244 N. E. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 27th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Chas. H. Abrams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

412 E. Chase St

Cause of Death, { First (Primary), Second (Immediate), }

Whooping Cough
Bronchial Catarrh
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 29th at 2 P.M.

Dr. Burke Boyle M.D.
Medical Attendant.

{ Undertaker, John Shilling

{ Place of Business, 115 South E. Eager St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17793

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 29th 1894

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Frederick J. Watts

Sex, Male or Female,

Cross out the word not required in this line.

Age,

50

Years,

Months,

Days.

Color,

White

Sex,

~~Married~~, Single, ~~Widow~~, or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Teacher

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Union Prot Infirmary

Cause of Death,

First (Primary,)

Second (Immediate,)

Intemperance
Consumption

Duration of Last Sickness,

Six months

All the above information should be furnished by the Physician.

Place of Burial,

Methodist P. Cem

Date of Burial,

May 28

Undertaker,

W. P. Pizzara

Place of Business,

201 Lenox

Address

92 Mosher St

Chas. Sawatt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 28 1877
BALTIMORE

Date of Death, Sunday 27th 1877. (May)

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida May Magers

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 14 Months, Days.

Color, White,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } # 10 Prices Place,

Cause of Death, { First (Primary,) Whooping Cough. Head Complications
Second (Immediate,) }
Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, May 28 1877 Wilmer Bennett — M. D. Medical Attendant

{ Undertaker, J. J. Rodenmayer
Place of Business, Cor. Greenmount Ave & Monument St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 27th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Laurance Henry

Sex, Male ~~Female~~

{Cross out the word not required in this line.}

Age,

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, {Give street and number.}

134 Praborgh St

Cause of Death,

{First (Primary),
Second (Immediate),}

mal nutrition
Convulsions
Suffocation

Duration of Last Sickness,

one day

All the above information should be furnished by the Physician.

Place of Burial,

M. Pub Cemetery

Date of Burial,

May 28th 1877

James A. Stenhouse M. D.

Undertaker,

M. H. C. Perry

Place of Business,

Pratt St

Address
Commissioners of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Denny Jones Mother [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 26th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Stothowrt

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 74 Years, 11 Months, — Days.

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Emmitsburg Md

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, { Give street and number. } 93 N Race St

Cause of Death, { First (Primary,) Second (Immediate,) } (Mitral disease insufficiency) Cardiac
Pulmonary Effusion

Duration of Last Sickness, Not more than 1 hour

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, May 29th 1877

Undertaker, Frederick Weaver

Place of Business, 14 N. Dismal Hill Avenue

Address, 55 N. Green St.

W. J. H. Kneib M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

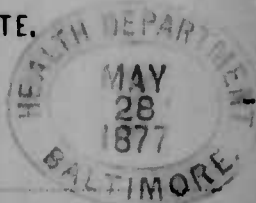
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 27 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Augusta C. Perry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, "

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } 201 W. Fayette St. Balt.

Cause of Death, { First (Primary,) Measles { Second (Immediate,) } 10 days

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, May 29th 1877

{ Undertaker, Jacob Weaver

{ Place of Business, No 416 Druid Hill Avenue

Address No 23 Franklin St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17798

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Lewman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Locksmith

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Bohemia

Duration of Residence in the City of Baltimore,

Twenty one months

Place of Death, { Give street and number. }

38 B. Chappel St.

Cause of Death, { First (Primary), Second (Immediate), }

Pneumonia
Exhaustion

Duration of Last Sickness,

Twenty one months

All the above information should be furnished by the Physician

Place of Burial, St. Vincent's Cemetery

Date of Burial, May 28th 1877

Undertaker, A. Schuler

Place of Business, 244 E. Lombard St.

G. Clauvill, M.D.
Medical Attendant.

Address, Balt. & Mack. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17799

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *27th May 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Paul Harmon Obe*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *1* Years, *5* Months, *28* Days.

Color, *White* Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } # *574 N. Calhoun Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Whooping Cough*
Convulsions

Duration of Last Sickness, *No weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Mary's Cemetery*

Date of Burial, *28th May 1877*

{ Undertaker, *Wm. Jenkins, Son* Address *114 N. Light St*

{ Place of Business, _____

Geo. H. Dyer M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 178001

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 26 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Elizabeth Bias

Sex, ~~Male~~ Female, Cross out the word not required in this line.

Age, 90 Years, Months, Days.

Color, white

~~Married~~ Single, ~~Widow~~ ~~or~~ ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. Franklin St. Near Chateaufort

Cause of Death, First (Primary), Second (Immediate), old age
General Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 28 1877

Undertaker, W. H. Bishop

Place of Business, Street Hill

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information W. H. Bishop - Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 27 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Thomas Murray

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Color,

White

Months,

Days.

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth).

Baltimore Md

Duration of Residence in the City of Baltimore,

During life

Place of Death, Give street and number.

No 2 Church St

Cause of Death, First (Primary), Second (Immediate),

Phthisis

Duration of Last Sickness,

13 months

All the above information should be furnished by the Physician

Place of Burial, St. Peter's Cemetery

Date of Burial, May 28 1877

Place of Business, 2 Church St

Cor. Lee & Hammer Sts

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 27 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Jno Duckertan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Bohemia

5 years

in U.S.

Duration of Residence in the City of Baltimore,

6 years

Place of Death, { Give street and number. }

N W Corner Chew & Dallas

Cause of Death, { First (Primary), Second (Immediate), }

Suicide by

hanging (Jury verdict)

Duration of Last Sickness,

sudden death

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, May 28th

{ Undertaker, Mendel Dippel

{ Place of Business, S. Bond St. 151

Edmund R. M. Allen M. D.
Medical Attendant.

Address Corner N. W. & Dallas

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17803

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 26th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } C. W. Berry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~60~~ 60 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Ball. Infirmary.

Cause of Death, { First (Primary.) } Fatigues & degeneration of the Heart.
{ Second (Immediate.) } Asthenia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician

Place of Burial, W Public Cemetery

Date of Burial, May 28th T. A. Ashby M. D. Medical Attendant.

{ Undertaker, H. H. Perry

{ Place of Business, 448 W Pratt St Address Union Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 28th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Samuel C. Nichols*

Sex, Male ~~or Female~~; { Cross out the word not required in this line. }

Age, *7* Years, *2* Months, *2* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Norfolk Va*

Duration of Residence in the City of Baltimore, *7 days*

Place of Death, { Give street and number. } *1611 Sharp St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*

Duration of Last Sickness, *12 days*

All the above information should be furnished by the Physician

Place of Burial, *Norfolk Va*

Date of Burial, *May 29th 1877* *L. A. Bell* M. D. Medical Attendant.

{ Undertaker, *Armstrong & Son* Address *1611 Sharp St*

{ Place of Business, *Light & Montgomery Sts*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17805

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27, 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Harry Z. Stoner

Sex, Male or Female, Cross out the word not required in this line. Male

Age, Years, 9 Months, Days
Color, White Sex, male

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Carroll County Maryland

Duration of Residence in the City of Baltimore, 3 months

Place of Death, Give street and number. 351 Pennsylvania Avenue

Cause of Death, First (Primary,) Whooping Cough
Second (Immediate,) Pulmonary Congestion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery Rev. B. B. Browne M. D.

Date of Burial, May 28th

Medical Attendant.

{ Undertaker, Chenoweth & Co Address 307 Madison Avenue
{ Place of Business, 341 Pennsylvania Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Special by Dr. Stewart)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17816

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May, 26th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Joseph Corporal.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

2

Days.

Color,

Colored.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

123 Low St. city -

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

Give street and number.

123 Low St.

Cause of Death,

First (Primary),
Second (Immediate.)

Trismus (lockjaw)
1 day.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

May 29 1877

Edward P. McDevitt M. D.
Medical Assistant.

Undertaker,

M. A. Bruns

Place of Business,

East St

Address

737 1/2 E. 1st St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17807

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 27

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Chas M. Brown

Sex, Male or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

3

Years,

2

Months,

18

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

83. E Church.

Cause of Death,

{ First (Primary). }

{ Second (Immediate). }

Pneumonia

Duration of Last Sickness,

15 days

All the above information should be furnished by the Physician.

Place of Burial,

Laud Cemetery

Date of Burial,

May 28

Undertaker,

Hecker & Son

Place of Business,

180 W. St

Address

146 E. Avenue

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17808

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clara White

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 15 Years, 9 Months, 11 Days.

Color, white

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, School girl

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore Co

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 349 E. Baltimore St

Cause of Death, { First (Primary,) Tubercular Consumption
Second (Immediate,) }

Duration of Last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 29, 1897

{ Undertaker, H. A. Dargatzis
Place of Business, 74 S. Broadway }

Charles A. Donovan M. D.
Medical Attendant.

Address No. 74 S. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17809

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate and complete, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Booz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 Years, _____ Months, _____ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, House Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baird, Md.

Duration of Residence in the City of Baltimore, 70 years

Place of Death, { Give street and number. } 362 W. Lombard St.

Cause of Death, { First (Primary,) Second (Immediate,) } Dropsy

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, May 28 1877

{ Undertaker, W. B. Blease Place of Business, No 178 Howard }

Address 375 W. Lombard St.

A. S. Fisher M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17810

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William H. Gray

Sex, Male or Female { Cross out the word not required in this line. }

Age, 49

Years,

Months,

Days.

Color,

Colored.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Kent Co., Md

Duration of Residence in the City of Baltimore,

About 30 years

Place of Death, { Give street and number. }

107 Lyron St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Apoplexy

Duration of Last Sickness,

About 10 hours.

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

May 28 1877

{ Undertaker,

W. H. Chase

{ Place of Business,

178 Howard St

Eldridge C. Prier M. D.
Medical Attendant

Address

262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

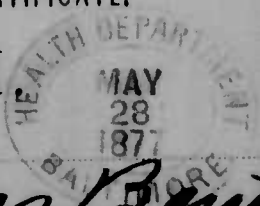
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, May 26, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Agnes Benton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One Year, _____ Months, _____ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto Md

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. }

205 Haring St

Cause of Death, { First (Primary,) _____ Second (Immediate,) _____ }

Pertussis
convulsions
since birth

Duration of Last Sickness, _____

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 28, 1877

{ Undertaker, S. W. Chan

{ Place of Business, No 188 Howard

Address

A. M. Dodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *17812*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 26. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Maud Troy

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

3

Years,

9

Months,

5

Days.

Color,

Black

Sex,

Female.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

#2

Life
~~*Indoor*~~ *Indoor* Alley
Capillary Bronchitis

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

Five days.

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*

Date of Burial, *May 28th 1877*

Undertaker, *Wm J Gray*

Place of Business, *65 Mulberry St*

Address *216 W. Howard Street*

J. Prescott Townsend. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 24th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Albert Gilbert*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *1* Years, *3* Months, Days.

Color, *Cal*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Maryland*

Duration of Residence in the City of Baltimore, *Native*

Place of Death, { Give street and number. } *180 Chestnut St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Chronic pneumonia*

Duration of Last Sickness, *Several weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Lourel Cemetery*

Date of Burial, *May 29th 1877*

{ Undertaker, *Wm S Gray*

{ Place of Business, *65 Mulberry St*

W. D. M. D.
Medical Attendant.

Address *192 Pearl St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1877

Full Name of Deceased, Mary Lennin

Sex, Male or Female, Female

Age, 1

Color, Color

Married, Single, Widowed or Widower, Single

Occupation, None

Birthplace, Baltimore

Duration of Residence in the City of Baltimore, 17 Days

Place of Death, 1 Jenkins Alley

Cause of Death, First (Primary,) Accidental

Duration of Last Sickness, 4 weeks

Place of Burial, Laurel Cemetery

Date of Burial, May 29th 1877

Undertaker, J. M. Gray

Place of Business, 65 Mulberry St

Address, 180 Linden Ave

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the person who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the facts be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and place of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17815

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Warfield Seal

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 7 Years, 6 Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Bristol Tennessee

Duration of Residence in the City of Baltimore, One year

Place of Death, { Give street and number. } N. Mount - 1 d. N. of Fayette

Cause of Death, { First (Primary,) Tuberc Meningitis
Second (Immediate,) }

Duration of Last Sickness, Four weeks

ALL the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 28 M. D. Medical Attendant.

{ Undertaker, Hon. W. Leonard & Son Address

{ Place of Business, 132 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate and true, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 28th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Beulah Raftery

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

2 Years,

6 Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

No 34 East St.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Croup

convulsions

Duration of Last Sickness,

2 wks

All the above information should be furnished by the Physician

Place of Burial,

Tray N.Y.

Date of Burial,

May

R. W. Mansfield

M. D.

Medical Attendant.

{ Undertaker,

H. M. Gilman

{ Place of Business,

341 Canton av.

Address

117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

trans 782

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 Years,

Color, White Months, Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Grocer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Somerset County, Md.

Duration of Residence in the City of Baltimore, About five years

Place of Death, { Give street and number. } 142 N. Caroline St.

Cause of Death, { First (Primary,) Second (Immediate,) } Malignant sore of the face

Duration of Last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, May 28/77

Undertaker, Wm H. Hickman

Place of Business, No 234 N. Gay St.

Wilton Taylor M. D.
Medical Attendant.

Address Broadway & N. Eldon St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17818

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 27th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Agnes Leland

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

2

Months,

20

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 27 E Eager St.

Cause of Death, { First (Primary),
Second (Immediate.) }

Whooping Cough

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 28th 1877

{ Undertaker, James D Byrne

{ Place of Business, No 63 N Brent St Address

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17819

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th - 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. George Volz Jr.

~~Sex~~, Male ~~or Female~~, Cross out the word not required in this line.

Age, 64 Years, Months, Days.

Color, Sex,

Married, ~~Single, Widowed or Divorced~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Darmstadt - Germany.

Duration of Residence in the City of Baltimore, 39 years.

Place of Death, Give street and number. 54 S. Fulton St.

Cause of Death, (First (Primary), Second (Immediate).) Congestion of the Brain.

Duration of Last Sickness, Since the 21st May.

All the above information should be furnished by the Physician.

Place of Burial, Golden Park

Date of Burial, May 29th 1877

Undertaker, Chenoweth & Co

Place of Business, 341 Penna ave

Address 242 W. Lombard St

Edward C. Ward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17820

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 4³⁰ P. M. 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Annie Ehrmann

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 172 S. Ann St.

Cause of Death, { First (Primary,) Second (Immediate.) } Struck by a falling beam

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, May 28th 1877

{ Undertaker, J. H. Froehlich

{ Place of Business, 246 Eastern Av

Address 297 E. Baltimore St.

James E. Drinnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1782/

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clara M. McLaughlin,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 11 Years, 9 Months, Days.

Color, White,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, { Give street and number. } 146 N. E. St.

Cause of Death, { First (Primary.) Rheumatism
Second (Immediate.) Endocarditis,

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, May 29, 1877

{ Undertaker, James P. Byrne

{ Place of Business, No 63 N. Front St. Address 75 E. Baltimore St.

J. M. Hancock M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17822

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th May 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary Ann Wickes

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 48 Years, Months, Days.

Color, White

Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line. Married

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Prussia

Duration of Residence in the City of Baltimore, all her life time

Place of Death, Give street and number. 89 S. Washington St

Cause of Death, First (Primary), Second (Immediate). Pulm. Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 30th 1877

Undertaker, Hughes & Co

Place of Business, 65 S Broadway

Address

J. Schmitt, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17823,

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Blanche Johnson*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *One* Years, *Nine* Months, Days.

Color, *Gold* Sex, *Female*

Marr~~ied~~, Single, W~~idow~~ or W~~idower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *No 15 Clare^t Alley*

Cause of Death, { First (Primary,) *Acute Meningitis*
Second (Immediate,) }

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St*

Date of Burial, *May 29*

{ Undertaker, *Mercer & Sons,*
Place of Business, *180 W. 5th St*

J. C. Birch M. D.
Medical Attendant

Address *141 Hanover St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 178 24

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27th May

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Kothe

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, Years, 8 Months, 15 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 239 Mulberry Street

Cause of Death, { First (Primary,) Haemorrhage from the bowels. Second (Immediate,) Weakness. }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 28th May

Undertaker, J. C. Kimmert

Place of Business, 317 Mulberry Street

Address, 224 W Fayette Street

L. F. Reinhard M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17825

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 28

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John L. Lucke

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2 Years,

7 Months,

Days.

Color,

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

19 Comet st

Cause of Death,

First (Primary),

Second (Immediate),

whooping cough

fatal in pulmonary

Duration of Last Sickness,

All the above information should be furnished by the Physician.

6 weeks

Place of Burial,

Lawson Park.

Date of Burial,

May 30th 1877

D. L. L. M. D.

Medical Attendant.

Undertaker,

P. Hummer

Place of Business,

317 N. Calverly St

Address

137 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **17826**

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, **May 27 1877**
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Frank Boneback**
 Sex, Male or Female, { Cross out the word not required in this line. } **male**
 Age, **2** Years, **21** Months, **21** Days.
 Color, **white** Sex, **male**
 Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, _____
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } **250 Eastern Avenue**
 Duration of Residence in the City of Baltimore, _____
 Place of Death, { Give street and number. } **250 Eastern Avenue**
 Cause of Death, { First (Primary), Second (Immediate), } **Cholera infantum**
 Duration of Last Sickness, **1 week**

All the above information should be furnished by the Physician.

Place of Burial, **Mt Carmel Burial** **Dr C Benzinger** M. D.
 Date of Burial, **May 29 1877** Medical Attendant.
 Undertaker, **Frederick** Address **12 Cor Broadway Street**
 Place of Business, **246 Eastern Ave**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17827

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death,

May 28th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Geo. S. H. Handster

Sex, Male or Female

{ Cross out the word not required in this line. }

Age,

26 Years,

Months,

Days.

Color,

white

~~Married~~ Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

clerk

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt. Md.

Duration of Residence in the City of Baltimore,

since birth,

Place of Death,

{ Give street and number. }

318 Bond St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Phthisis Pulmonalis
Anasarca
Four months

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

London Park Cemetery

Date of Burial,

May 30th 1877

Undertaker,

Henry W. Mears

Place of Business,

415 N. Gay St.

C. Claville, M.D.
Medical Attendant

Address

Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17828

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Paper found on him with name Jno Mc Gurney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 0 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } unknown

Occupation, Varnisher ?

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, unknown

Place of Death, { Give street and number. } In wagon on the way to the P.D. Station

Cause of Death, { First (Primary,) Double Pneumonia (Post mortem felt made) Second (Immediate,) }

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, May 28

{ Undertaker, Charles Strayer } Address, Corcoran in P.D.

{ Place of Business, Pratt Whistle }

Edmund Kerr Allen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17829

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 29 1877
BALTIMORE

Date of Death, May 29th
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Carter
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 9 Years, Months, Days.
Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 699 Saratoga St

Cause of Death, { First (Primary,) Malignant Scarletina
Second (Immediate,) Cerebral Effusion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Annapolis County

Date of Burial, May 30th 1877

{ Undertaker, John Machin

{ Place of Business, No 150 Camden

John Neff M. D.
Medical Attendant.

Address 358 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 1784)

[OVER.]

Board of Health, City of Baltimore,

Permit No.

~~17811~~ 17830

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended the person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 26th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Victoria C. Smith.

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

27

Years,

Months,

Days.

Color,

Colored

Sex,

Married, Single, ~~Widow~~

Cross out the words not required in this line.

Occupation,

etg occupation

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

All her life

Place of Death,

Give street and number.

No 43 Arch Street

Cause of Death,

First (Primary),

Second (Immediate),

Indurated Phthisis

at exhaustion

Duration of Last Sickness,

Three months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

May 29 1872

1872

M. D.

Undertaker,

J. H. Brown

Medical Attendant.

Place of Business,

117 Howard

Address

Robert Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 29th, 77.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William Graham.*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *1* Years, *2* Months, *7* Days.

Color, *White.*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore Md.*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Lead Town Fort. Ave.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Tubercular Meningitis.*

Duration of Last Sickness, *24 hours - 1 day.*

All the above information should be furnished by the Physician

Place of Burial, *Old Calverton Cemetery*

Date of Burial, *May 30th 1877* *J. E. Harrington* M. D. Medical Attendant.

{ Undertaker, *Wm. L. Perry* Address *321 Light St.*

{ Place of Business, *263 Legat*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17832

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Grimes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 64 Years, Months, Days.

Color, W Sex, _____

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 64 yrs

Place of Death, { Give street and number. } 63 W. Canal St

Cause of Death, { First (Primary,) Cancer Uteri
Second (Immediate,) Asthenia

Duration of Last Sickness, abt 9 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 30th May 30th block Chas. Morfit M. D.

Medical Attendant.

{ Undertaker, Geo. C. Rodemeyer

{ Place of Business, 138 W. 11th St Address 84 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Thomas Watkins

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 7 Months, Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pub. Cemetery

Date of Burial, May 29th 1877

{ Undertaker, M. H. C. Perry

{ Place of Business, Pratt St.

Address

Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information furnished by Louisa Watkins Mother

Board of Health, City of Baltimore,

Permit No. 17834

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lina Linn
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 21 Years, Months, Days.
Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany 1 yr in U.S.

Duration of Residence in the City of Baltimore, 10 mos.

Place of Death, { Give street and number. } 108 S. Sprueller

Cause of Death, { First (Primary,) Phthisis
Second (Immediate,) Lower Pneumonia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 30 1877

{ Undertaker, J. B. Brock

{ Place of Business, No 707 N. Baltimore street

J. G. Killbuck M. D.
Medical Attendant.

Address N. S. Corns, 707 N. Baltimore street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17835

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 28th - 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles Herbert Gardner*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, _____ Years, _____ Months, *14* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *600 Baltimore St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Whooping Cough*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Southern Park C.*

Date of Burial, *May 29*

Undertaker, *J. B. Blackiston & son*

Place of Business, *606 Baltimore St*

Address *242 W Lombard St*

Edward D Ward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 17836

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

28th May 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

5 weeks

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Foundling

Duration of Residence in the City of Baltimore, { Cross out the words not required in this line. }

2 weeks

Place of Death, { Give street and number. }

St Vincent's Infant Asylum

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus

Asphyxia

Duration of Last Sickness,

when admitted

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 29, 1877

Undertaker, Saml Brown

Place of Business, 186 Division St.

Marbury Brewer

M. D.

Medical Attendant.

Address 201 W Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17837

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 27 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Willie Cornish*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *One* Years, *Two* Months, *12* Days.

Color, *Dark* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Whole life.*

Place of Death, { Give street and number. } *209 North Durham*

Cause of Death, { First (Primary,) Chronic Bronchitis
Second (Immediate,) Pneumonia }

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Lakeview Cem*

Date of Burial, *May 29 1877*

E. W. Gordon M. D.
Medical Attendant.

{ Undertaker, *John W. Locks*
Place of Business, *57 S. W. 1st St* Address *166 G. J. Johnson*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

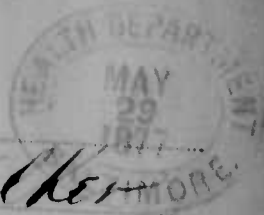
Permit No. 17838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 28th, 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Henry Walker
Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male
Age, Eleven Years, Months, Days.
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, { Give street and number. } No. 244 N. Duham St.
Cause of Death, { First (Primary,) Second (Immediate,) } Convulsions
Duration of Last Sickness, One day
All the above information should be furnished by the Physician
Place of Burial, Laurel Hill
Date of Burial, May 30 1877
Under-taker, John W. Locke
Place of Business, 57 S. Wolfe St. Address No. 139 N. Broadway
Medical Attendant, Wm. H. Cleudine, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17839

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachel, Ann, Chester

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 11 Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore, 11 months

Place of Death, { Give street and number. }

51 Mott St

Cause of Death, { First (Primary,) Second (Immediate,) }

Enteritis
Congestion Brain

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 29 1877

M. D. Russell
Medical Attendant.

Undertaker, John W. Locks

Place of Business, 58 S. W. 1st St

Address Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 17849

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Murphy
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 65 Years, Months, Days.
Color, white

Married, ~~Single~~ ~~Widow~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), }
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker, }
Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Coke his nephew

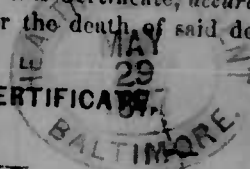
Board of Health, City of Baltimore,

Permit No. 17844

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *May 29th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } *Mrs Em^l Elz^r Bennett*

~~Sex, Male or Female,~~ { Cross out the word not required in this line. } *Female*

Age, *28* Years, _____ Months, _____ Days

Color, *White*

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. } *Married*

Occupation, *Seamstress*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore city*

Duration of Residence in the City of Baltimore, *28 yrs*

Place of Death, { Give street and number. } *Lombard St 294 No*

Cause of Death, { First (Primary,) Second (Immediate,) } *Exposure & living in a damp room
Peritonitis*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Western C.*

Date of Burial, *May 29*

Undertaker, *J. B. Blackist & Son*

Place of Business, *606 Bat St*

Address, *Entaw St*

William Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17843

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Monday morning May 28*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles De Biliou's son of Peter & Mary Catherine De Biliou's*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, Years, *7* Months, *10* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *Harrison Alley*

Cause of Death, { First (Primary,) *Rubeola, Bronchitis*
Second (Immediate,) *Pertussis, Tonic Spasms*

Duration of Last Sickness, *36 day*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *May 30th*

{ Undertaker, *Wendelin Seffel*
Place of Business, *S. Bond st. 151*

J. E. Richard M. D.
Medical Attendant.

Address *28, O'Donnell St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Caroline J. Co. Reid

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 29 Years, Months, Days.

Color, White Sex,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Norfolk, Va

Duration of Residence in the City of Baltimore, about four years

Place of Death, Give street and number. 248 Madison St. Baltimore

Cause of Death, First (Primary,) Second (Immediate,) Carcinoma Uteri do

Duration of Last Sickness, about 8 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 30 1877

J. Co. Chas M. D.
Medical Attendant.

Undertaker, Jacob Weaver

Place of Business, No 416 Grand Hill Avenue

141 Lamm St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 28th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Michael Pree'sing's

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

3

Years,

Color,

White

Months,

Days.

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

301

C. Avenue

Cause of Death, { First (Primary,) Second (Immediate,) }

Measles

Duration of Last Sickness,

5 weeks

All the above information should be furnished by the Physician

Place of Burial,

Baltimore

Date of Burial,

May 30th

Undertaker,

M. Francis

Place of Business,

Abraham B. Arnold

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie J. Weaver

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, One Years, Eight Months, Seven Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 122 N Euterio St

Cause of Death, { First (Primary,) Diphtheritic Croup
Second (Immediate,) }
Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, May 30 1877

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Balt St

Address, 87 Mulberry St

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *17847*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

17 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *since born*

Place of Death, { Give street and number. }

377. Orleans St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cyanosis

Duration of Last Sickness,

since born

All the above information should be furnished by the Physician.

Place of Burial, *St. Paulus Cem. & Co.*

Date of Burial, *May 30th 1877*

{ Undertaker,

{ Place of Business,

John Morris
286 Orleans St.

J. E. Gausch M. D.
Medical Attendant.

Address *27. N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Potuck

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 5 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 37 Suncoo alley

Cause of Death, { First (Primary,) Second (Immediate,) } Convulsions

Duration of Last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 30, 1877

Undertaker, Francis J. Steiner, M. D.

Place of Business, _____

Address, Commis of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information May Comeys M. D.

Board of Health, City of Baltimore,

Permit No. 17849

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Dudley M. Cornick

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 5 Years, 6 Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Louisiana

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } 454 Madison Av.

Cause of Death, { First (Primary,) Scarlet fever.
Second (Immediate,) Diphtheric Croup

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem'ty W. T. Howard

Date of Burial, May 30th 1877

M. D.

Medical Attendant.

{ Undertaker, Mrs. John V. Weaver
Place of Business, #22 W. Fayette St.

Address

181 Mad. Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 29th, 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Frances Branflick,*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*
Age, *Three* Years, *Six* Months, *White* Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the word not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore, Md.*
Duration of Residence in the City of Baltimore, *Since Birth*
Place of Death, { Give street and number. } *No. 91 Granby St.*
Cause of Death, { First (Primary,) Second (Immediate,) } *Scarlet Fever*
Dropsy
Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician

Place of Burial, *Saint Alphonsus*
Date of Burial, *May 31st 1877* *Wm. H. Ludinow, M. D.*
Medical Attendant
{ Undertaker, *Frederick D. Dipple* Address *No. 139 N. Broadway*
{ Place of Business, *Bond St. near Bank*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17851

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 29

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Chas McGrade

Sex, Male or Female,

Cross out the word not required in this line.

Age,

34

Years,

Color,

White

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Master

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Bull Infirmary
Val Dis Head

Cause of Death,

First (Primary),

Second (Immediate),

apoplexy

Duration of Last Sickness,

5 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St Peters Cemetery T. A. Asbury

Date of Burial,

May 30 1877

Undertaker,

J. B. Blackiston & son

Place of Business,

606 Pratt St

Address

Union Hospital

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17852

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 29 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Senah Fisher

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

42

Years,

7

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

25 years

Place of Death, { Give street and number. }

105 N. Eden

Cause of Death, { First (Primary),
Second (Immediate), }

~~Brain disease~~
Red sores

Duration of Last Sickness,

nine months

All the above information should be furnished by the Physician.

Place of Burial, Hebron Station St. Leonard

Date of Burial, May 31st 1897

Abraham B. Hueston M. D.
Medical Attendant.

{ Undertaker,

Wm. E. Egan

{ Place of Business,

101 Gough St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 17853

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 29th.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Mcarry.

(Michael Mcarry)

Sex, Male ~~Female~~,

Cross out the word not required in this line.

Age,

Years,

Months, 16. Hours

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

22. Stockholm

Cause of Death,

First (Primary.)

Second (Immediate.)

Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

St. Peter's Cemetery

Date of Burial,

May 30 1887

Theodore Leach M. D.
Medical Attendant.

Undertaker,

Michael Mcarry

Place of Business,

225 Stockholm

Address 146. Hanson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17854

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael M. Avery
 Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
 Age, _____ Years, _____ Months, 16 hours Days.
 Color, _____
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, _____

Birthplace, { State or country (and how long in the United States, if foreign birth.) } Baltimore
 Duration of Residence in the City of Baltimore, _____
 Place of Death, { Give street and number. } 22 Stockholm St
 Cause of Death, { First (Primary), _____
 Second (Immediate), Premature Birth
 Duration of Last Sickness, _____

All the above information should be furnished by the Physician

Place of Burial, St. Peter's Cemetery
 Date of Burial, May 30 1877
 Undertaker, M. M. Avery
 Place of Business, 22 Stockholm St
 Address, 146 Hanover St
 Theodore Cooke M.D.
 Copy. - per H

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Twins

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17855

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 30th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Margaret Fleishman

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

4

Years,

2

Months,

6

Days.

Color,

white

Sex,

female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

lifetime

Place of Death,

{ Give street and number. }

N^o 34 E. Pratt St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Tubercular Tuberculosis

Basilar Meningitis

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel Cemetery

Date of Burial,

May 31st 1877

H. Salzer

M. D.

Medical Attendant.

{ Undertaker,

Geo Schilling

{ Place of Business,

1st and 3rd squares

Address

165 W. Hubbard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17856

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jesse E. Phelan.

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 3 Years, 8 Months, Days.

Color, White, Sex, Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, { Give street and number. } 20 S. Carey St.

Cause of Death, { First (Primary,) Pulveria, followed by Subacute Pneumonia Asthenia. }
{ Second (Immediate.) }

Duration of Last Sickness, About 7 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 31

{ Undertaker, T. S. Hughes }
{ Place of Business, Baltimore Register. } Address 67 N. Calver St.

J. Walton White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **17857**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles H Jenkins

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

1

Years,

1

Months,

4

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Entire life time

Place of Death, { Give street and number. }

2 Clarke St

Cause of Death, { First (Primary.)
Second (Immediate.) }

Tubercular Meningitis

Duration of Last Sickness,

Several weeks

All the above information should be furnished by the Physician.

Place of Burial,

Old Cathedral Burying Ground

Date of Burial,

May 30th 1877

D P Cathell

M. D.

Medical Attendant.

{ Undertaker,

Chas J Scriven

{ Place of Business,

271 N Euter St

Address *1/2 S Euter St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line.

Age,

Years,

Color,

Months,

Days.

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 29 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Rosina B. Lambert

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

68 Years,

Color,

White

Months,

8

Days.

Married, Single, Widow or ~~Widow~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

338 Myrtle St
Heart Disease

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, 31st May 1877

Undertaker, Wm Jenkins & Son

Place of Business, 16 Light St

J. W. Miller M. D.
Medical Attendant.

Address 121 N. ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17860

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Teis Schneider

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 46 — Years, 1 — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married —

Occupation, Laborer —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany, Prussia

Duration of Residence in the City of Baltimore, 23 years —

Place of Death, { Give street and number. } 120 Low. St. —

Cause of Death, { First (Primary,) Typhoid Fever —
Second (Immediate,) do — No. Bowdler —

Duration of Last Sickness, one week —

All the above information should be furnished by the Physician.

Place of Burial, Rest Cemetery

Date of Burial, May 30th 1877

{ Undertaker, Caspar Eckert
Place of Business, Canton Ave }

Address 86 S. Fayette St.

Medical Attendant, H. D. Bohme M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17861

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 30 29

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Otto Lunde

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 50 Years,

Months,

14

Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Cabinet Maker & Carver

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give street and number. }

252. Montgomery St

Cause of Death, { First (Primary), Second (Immediate), }

Bright Disease of the Kidneys

Duration of Last Sickness,

4 Years

All the above information should be furnished by the Physician

Place of Burial,

Western Cemetery

Date of Burial,

May 30th

Theodor Lunde M.D.
Medical Attendant.

Undertaker, F. H. Toll

Place of Business, 131 Hanover St

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17812

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, .

May 29/77

Full Name of Deceased, { Write legibly and spell
correctly. If an infant
not named, give names
of parents. }

Mr H Johnson

Sex, Male or Female, { Cross out the word not
required in this line. }

Age, 34 Years,

Months,

Days.

Color, *Color red*

Sex, *male*

Married, Single, Widow or Widower, { Cross out the words not
required in this line. }

Don't know

Occupation, *Convert*

Convert

Birthplace, { State or country (and how
long in the United States, if
of foreign birth. }

Don't know

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and }
number. }

Maryland Penitentiary

Cause of Death { First (Primary,)

(Second (Immediate,)

Consumption

Duration of Last Sickness,

6 Months

All the above information should be furnished by the Physician.

Place of Burial, *EP Cemetery*

Date of Burial, May 30 18

CRB Boyle

M. D.

Medical Attendant.

Undertaker, Charles Stuper

(Place of Business, Pratt & Hexter

Address

166 Eaerst

for W. L. McKersy.
a full and correct record of Free

Extract from Regulations of the Board of Health to secure a full and correct record of Free
Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 17863

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Kelly

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 46

Years,

Color, white

Sex,

Months, Male

Days.

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Porter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, about 26 years

Place of Death, { Give street and number. } 163 N. Eutaner St.

Cause of Death, { First (Primary,) Cirrhosis of the liver
Second (Immediate,) Death sudden - Cause obscure

Duration of Last Sickness, About 8 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 30th 1877

Undertaker, C. H. Blyskal

Place of Business, 201 Pennsylvania Ave

Address

47 Franklin St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

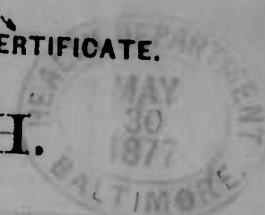
Permit No. 17864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 30th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Wm. Mary Lueck

Sex, Male or Female, { Cross out the word not required in this line. }

Age, { One } Years, { 5 } Months, { } Days.

Color, White

Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore.

Duration of Residence in the City of Baltimore,

17 months

Place of Death, { Give street and number. }

Baltimore, P. O. on Joseph's Division

Cause of Death, { First (Primary), } { Second (Immediate), }

Catastrophe
Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Emmittsburg Md.

Date of Burial, May 31st 1877

Geo A. Morris M. D.
Medical Attendant.

{ Undertaker, Chambers & Co

{ Place of Business, 341 Second Ave

Address Cor Druid Hill Ave
& Hoffman St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 785

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Dudley

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 2 Years, 1 Months, Days.

Color, Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 5 Peach alley

Cause of Death, { First (Primary,) Second (Immediate,) } Whooping Cough

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 31st 1877

{ Undertaker, Hercules Ross

{ Place of Business, West St

James H. Stearns M. D.
Medical Examiner

Address Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Louisa Foreman [signed]

Board of Health, City of Baltimore,

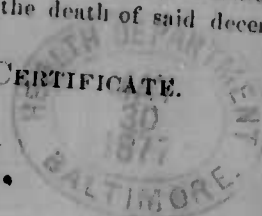
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 30th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Edward M. Johnson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City Md.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

No. 5 N. Ann St.

Cause of Death,

First (Primary),

Second (Immediate),

Constriction of the Lungs
one day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Old Cathedral Cemetery

Date of Burial,

May 30th 1877

Undertaker,

James D. Byrne

Place of Business,

1868 N. Front St

Nicholas C. D. Smith M. D.

Medical Attendant.

Address 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 28 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Corporal,

Sex, Male or ~~Female~~,

Cross out the word not required in this line.

Age,

Years,

Months,

6

Days.

Color,

Color.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

123 Lee St.

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

Give street and number.

123 Lee St.

Cause of Death,

First (Primary).

Second (Immediate).

Trismus nascentium
2 Days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

E. Public Cemetery

Date of Burial,

May 31 1877

Edward P. M. Devine M. D.
Medical Attendant.

Undertaker,

Chas. Steep

Place of Business,

E. Pratt St.

Address

137 N. E. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17868

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 29th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa M. Dunsen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Twenty Six Years, Months, Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, { Give street and number. } 268 Eastern Avenue

Cause of Death, { First (Primary,) Second (Immediate,) } Inflammation of the lungs

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick ben

Date of Burial, May 30 1877

{ Undertaker, John W. Solke } Address 207 N. ...

{ Place of Business, 55 S. Wolfe } Address 207 N. ...

Nicholas L. ... M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

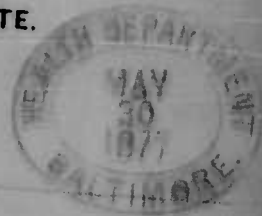
Permit No. 17869

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Willie Carr

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Years,

9

Months,

Days.

Color, Colored

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt Md

Duration of Residence in the City of Baltimore,

Always

Place of Death, { Give street and number. }

No 6 Little Broadway

Cause of Death, { First (Primary,) Second (Immediate,) }

Inanition

Duration of Last Sickness,

From birth

All the above information should be furnished by the Physician.

Place of Burial,

Dallas Cem

Date of Burial,

May 30 1877

John Hanner

M. D.

Medical Attendant.

{ Undertaker,

John W. Socks

{ Place of Business,

55 S. Light St

Address

286 E. Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17870

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

E. G. Leitch

(Father)

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

Months,

5 hours Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

54 Edmondson Ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Asthenia

Duration of Last Sickness,

Born feeble

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 31st 1877

{ Undertaker, Mrs. John H. Weaver

{ Place of Business, #22 W. Fayette St.

J. E. Gibbons

M. D.

Medical Attendant.

Address 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

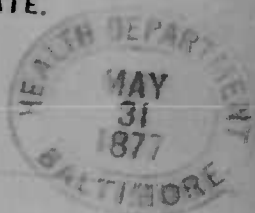
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

James Edward Harper

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

/ Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

150 Bank St

Duration of Residence in the City of Baltimore,

12 days

Place of Death, { Give street and number. }

150 Bank St Baltimore

Cause of Death, { First (Primary), Second (Immediate), }

Cut of Chest
Convulsions

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 31, 1877

{ Undertaker,

John W. Lock

{ Place of Business,

57 S. Wolfe St

Address

19 S Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17872

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

30th May 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Grace Parlette.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years,

11 Months,

4 Days.

Color, white

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

since birth

Place of Death, { Give street and number. }

No 654 W Fayette St

Cause of Death, { First (Primary,) Second (Immediate,) }

Malignant Scarlet Fever 12 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cem

Date of Burial, May 31st 1877

Wm H. Dennis

M. D.

Medical Attendant.

{ Undertaker, Hugh H. Keo

{ Place of Business, 380 Fayette

Address

380 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17873

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th May 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret O Siroll

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, None

Birthplace, { State or country (and line) long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 23 yrs.

Place of Death, { Give street and number. } 18 Elizabeth Lane

Cause of Death, { First (Primary), Second (Immediate), } Cancer in region of Spleen one year.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus's C

Date of Burial, 1st June 77

{ Undertaker, B. Harley

{ Place of Business, 411 Light S.

A. W. Dodge M. D.
Medical Attendant.

Address 207 Haver St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17874

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 29, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Griffin

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 3 Months, 18 Days.

Color, Colored Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 17 Pine Alley

Cause of Death, { First (Primary,) Murders
Second (Immediate,)

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 31, 1877

{ Undertaker, Wm. J. Surge

{ Place of Business, 62 East St

Address 93 Green St

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

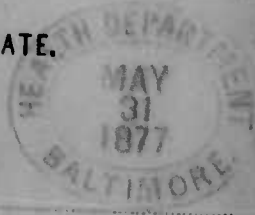
Permit No. 17875

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 31st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia Quinn

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 7 Years, 7 Months, Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) } Delaware

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and number. } 61 Centre Market

Cause of Death, { First (Primary,) Second (Immediate,) } Scarlatina Maligna

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Starford County Md

Date of Burial, June 1st 1877

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Geo. B. Reynolds M. D.
Medical Attendant.

Address 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

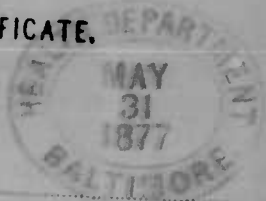
Permit No. 17876

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lena Morris

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 2 Months, 1 Day

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 87 York St Balto

Cause of Death, { First (Primary,) Marasmus
Second (Immediate,) }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Edgewood Cemetery

Date of Burial, M. D. Medical Attendant

Undertaker, M. Goldsmith

Place of Business, 97 N. Eden St Address 121 E Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17877

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

Color

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery

Date of Burial, May 30th

Undertaker, M. H. Leary

Place of Business, 448 W Pratt St Address 260 South Eut, st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17878

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sena Roedger

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

white

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

138 S. Register St.

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, June 1st

Undertaker, Wendelin Dippel

Place of Business, S. Bond St. 154

W. W. Hausquid M. D.
Medical Attendant.

Address 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 30 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Chas. & Levenia Green

Sex, Male

~~Female~~

{ Cross out the word not required in this line. }

(Parents)

Age,

Years,

Months,

Days.

Color,

Col'd

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

58 S. Dallas St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Convulsions

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial,

Dallas St. Cemetery

Date of Burial,

May 31 1877

James H. Stewart M. D.

Undertaker,

Geo. T. Jones

Place of Business,

162 S. Dallas St

Address

Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Leav Walker Midwife

Board of Health, City of Baltimore,

Permit No. 17880

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Curtis

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 57 Years, Months, Days.

Color, Black

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Seamstress

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Prince George Co, Maryland

Duration of Residence in the City of Baltimore, fifty yrs

Place of Death, { Give street and number. } 32 Booth St.

Cause of Death, { First (Primary,) Heart disease
Second (Immediate,) Hypertrophy with dilatation
One W.R. }

Duration of Last Sickness, One W.R.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 31 77

{ Undertaker, S. M. Chase
Place of Business, 488 Howard St }

H. F. Hill M. D.
Medical Attendant.
Address 115 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 21 - 1887

Full Name of Deceased, { Write legibly and correctly. If an infant not named, give names of parents. }

Julia M. McAllister

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

16 -

Years,

10

Months,

00

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

4 - years

Place of Death, { Give street and number. }

22 m Alameda

Cause of Death, { First (Primary), Second (Immediate). }

Competition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, June 1 1887

Undertaker, Hughes & Co

Place of Business, Fayette St

H. D. Haines M. D. Medical Attendant.

Cor - County of Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *17,882.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

George Evers

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, _____ Years, *11* Months, _____ Days.

Color, *White*

~~Married, Single, Widowed, or~~ { Cross out the words not required in this line. }

Married

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 264 South Anne st

Cause of Death, { First (Primary,) Second (Immediate,) }

Dysentery (Acute)

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Cemetery*

Date of Burial, *May 31st*

{ Undertaker, *Henry Gien*

{ Place of Business, *252 Beanna st*

Thomas J. Evans M.D.
Medical Attendant.

Address *No 18 Jackson Place*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17883

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 30th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Laura V. Bulow*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *4* Years, *6* Months, *—* Days.

Color, *White*

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *4 yrs 6 mo.*

Place of Death, { Give street and number. } *West side South Calhoun St. 4th House N. of Ramsey*

Cause of Death, { First (Primary), Second (Immediate), } *Scarlet Fever*

Duration of Last Sickness, *Three weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Linden Park Cemetery*

Date of Burial, *June 1*

J. L. Luthicum M. D.
Medical Attendant.

{ Undertaker, *J. B. Cook* }

{ Place of Business, *707 West Baltimore* }

Address *584 W. Fayette*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 17884

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 29 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Florence Booz

Sex, ~~Male~~ Female, Cross out the word not required in this line.

Age, Years,

Color, Col'd 7 Months, Days.

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First (Primary), Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Baltimore City

Life

4 Wrights alley

Malnutrition (Artificial Feeding)

Convulsion

one day

H. Pub Cemetery

June 1 1877

M. H. C. Perry

Pratt St.

James H. Stinson

M. D.

Commissioner of Health
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sophia Howard - Friend
Ida Young - Mother

Board of Health, City of Baltimore.

Permit No. 17885

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 30 1877
 Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary Jane Parker
 Sex, ~~Male~~ Female, Cross out the word not required in this line.
 Age, 12 Years, _____ Months, _____ Days.
 Color, white

~~Married, Single, Widow or Widower~~, Cross out the words not required in this line.
 Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) Sumner Co Md
 Duration of Residence in the City of Baltimore, unknown

Place of Death, Give street and number. 8 Federal St

Cause of Death, First (Primary), Second (Immediate), Consumption
 Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician

Place of Burial, M. E. Cemetery
 Date of Burial, June 1 1877
 Undertaker, W. H. Nickman
 Place of Business, 234 N. Gay St
 Registrar, James H. Stuart, M. D.
 Commissioner of Health, H. B. Brown

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Supernumerary W. H. Nickman Undertaker

Board of Health, City of Baltimore,

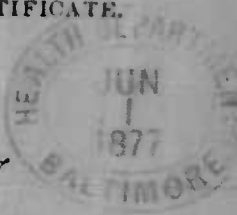
Permit No. 17886

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 5 Mo 31 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Baynes

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 72 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } England

Duration of Residence in the City of Baltimore, 37 years.

Place of Death, { Give street and number. } 207 E. Madison St.

Cause of Death, { First (Primary,) } Consumption
{ Second (Immediate,) } 6 months

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Friend's Burial Ground

Date of Burial, Hartford Road 6th mo 1st

{ Undertaker, Wm. Hickman } M. D. Wm. Riley Medical Attendant

{ Place of Business, 24th St } Address 47 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 30, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Nelson

~~Sex, Male or Female,~~ { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, 4 Days.

Color, Blk

~~Married, Single, Widowed or Widower,~~ { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bulw

Duration of Residence in the City of Baltimore, 15 1/2 months

Place of Death, { Give street and number. } 57 Lexington St.

Cause of Death, { First (Primary.) Second (Immediate.) } Phthisis

Duration of Last Sickness, from Birth

All the above information should be furnished by the Physician

Place of Burial, Laure Cemetery

Date of Burial, June 2nd 1877

Undertaker, W H Birch Jr

Place of Business, 103 Dominican

R M Snelman M. D.
Medical Attendant.

Address 349 Kent

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 17888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 30 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Bell Tyson

(Mother)

Sex, Male

{Cross out the word not required in this line.}

Male

(Lavin)

Age,

Years,

Months,

3

Days.

Color,

Col

Married, Single, Widow or Widower,

{Cross out the words not required in this line.}

Occupation,

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{Give street and number.}

88 S. Durham St

Cause of Death,

{First (Primary,)

Second (Immediate,)

Premature Birth - (7 mos)

Asthenia

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician

Place of Burial,

Dallas St Cemetery

Date of Burial,

June 1 1877

James A. Steiner

M. D.

Undertaker,

Geo. T. Jones

Address

Commissioners of Health
Registrar

Place of Business,

Dallas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Lucy M. Colford Midwife

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17889

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1 1877
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Belle Lyson (Mother)

Sex, Male or Female, { Cross out the word not required in this line. } Female (Twin)

Age, _____ Years, _____ Months, 3 Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 88 S. Durham St

Cause of Death, { First (Primary,) Premature Birth (Twin)
Second (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Dallas St Cemetery

Date of Burial, June 1st 1877

{ Undertaker, Geo L Jones } Address James A Stearns M. D.

{ Place of Business, 162 S. Dallas St } Address Commis of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Lucy Woolford [VER.]
Midwife

Board of Health, City of Baltimore,

Permit No. 17890

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Simeon Yates

Sex, Male or Female, Cross out the word not required in this line.

Age, Years, Four Months, 18 Days.

Color, *red*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. Chestnut 17

Cause of Death, First (Primary,) Second (Immediate,) Pneumonia, Convulsions, Exhaustion

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, June 1

Undertaker, William H. Dwyer

Place of Business, 62 West St

E. C. Baldwin M. D.
Medical Attendant.

Address 124 N. Egleston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Henry Roach

Sex, Male ~~or Female~~ { Cross out the word not required in this line. } Male

Age, Years, Two Months, Twenty Days.

Color, Black Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 55 South Bethel St

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 1

John S. Lynch M. D.
Medical Attendant.

{ Undertaker, } William C. Long

{ Place of Business, } 62 East St

Address S. E. C. Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ellen Garland

Sex, ~~Male~~ or Female, { Cross out the word not required in this line, }

Age, 25 Years, Months, Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word is not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore. all life

Place of Death, { Give street and number. } 136 Linden Ave

Cause of Death, { First (Primary,) Malignant
Second (Immediate,) Scarlet fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, New Cathedral

Date of Burial, June 2nd 1877

Undertaker, Chas T Scriven

Place of Business, 271 N. Eutan St

Address 180 Linden Ave

Edmund Walker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the time can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 1st 77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Aloysius James Garlanti

Sex, Male or Female,

Cross out the word not required in this line.

Age,

1 year

Months,

Color,

white

Days.

Married, Single, ~~Widow~~ or Widower,

Cross out the word not required in this line.

Occupation,

None

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt

Duration of Residence in the City of Baltimore,

All life

Place of Death,

Give street and number

136 Linden Ave

Cause of Death,

First (Primary),
Second (Immediate),

Malignant Scarlet fever
Coma

Duration of Last Sickness,

48 hours

All the above information should be furnished by the Physician

Place of Burial,

New Cathedral

Date of Burial,

June 2nd 1877

Undertaker,

Chas. T. Scriven

Edmund R. Allen

M. D.

Medical Attendant

Place of Business,

271 N. Eulaw St

Address

180 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *17894*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Mar 31st 10^{3/4} P.M.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Bertha Bergmann.*

~~Male~~ Female, { Cross out the word not required in this line. }

Age, *1* Years, *8* Months, *21* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore Frederick Avenue 193.*

Duration of Residence in the City of Baltimore, *194 J.*

Place of Death, { Give street and number } *Baltimore 193 Frederick Avenue 193.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Abscess of the brain caused by otitis.*

Duration of Last Sickness, *10 Days.*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*

Date of Burial, *June 2nd 1877*

Undertaker, *J. P. Paulus*

Place of Business, *No 66 Frederick Ave.*

D. C. Penhance M. D.
Medical Attendant.

Address *761 West Lombard St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

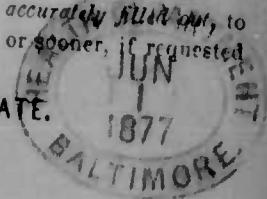
Board of Health, City of Baltimore,

Permit No. 17895

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled up, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Henry Rogers

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 Years, 1 Months, 1 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, Printer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, { Give street and number. } N. Spring St

Cause of Death, { First (Primary) Second (Immediate) } Complication of the lungs

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician

Place of Burial, Lawrence

Date of Burial, June 2 1877

Undertaker, John W. Socks

Place of Business, 59 S. Wolfe Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 17896

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Anna Schmidt

Sex, Male or Female, Cross out the word not required in this line. Female

Age, Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line. Single

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) 27th Hamburg St. Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, Give street and number. 27th Hamburg St.

Cause of Death, First (Primary), Second (Immediate.) Meningitis Cerebralis

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 1st

Undertaker, John J. Rodenmayr

Place of Business, Cor. Monument Ave. & Monument St.

Address

212 W. Lombard

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 14 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Gerhard H. Moenemann

Sex, Male ~~Female~~

(Cross out the word not required in this line.)

Age,

Years,

Months,

14

Days.

14

Color,

white

Married, Single, Widow or Widower,

(Cross out the words not required in this line.)

Occupation,

Birthplace,

(State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

(Give street and number.)

382 N. Gay St

Cause of Death,

First (Primary.)

Second (Immediate.)

Convulsions

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

Sf. Alphonsus

Date of Burial,

June 2 1877

James A. Stearns

M. D.

Undertaker,

H. Hoeck

Place of Business,

Central Ave

Address

Commiss of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by H. Hoeck - Undertaker

Board of Health, City of Baltimore,

Permit No. 17898

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 31st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Gross

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, About 210 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Washerwoman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Calvert Co Md

Duration of Residence in the City of Baltimore, About 12 years

Place of Death, { Give street and number. } 38 West St

Cause of Death, { First (Primary) Second (Immediate,) } Phthisis Pulmonalis

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician

Place of Burial, St. James Cemetery

Date of Burial, June 1 77

Undertaker, J. W. L. M. A. R.

Place of Business, 45 St. James Ave

Harvey Hill

M. D.

Medical Attendant

Address

119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Parents, Abraham Johnson & Eliza Johnson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line, }

Age, Years, Months, Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line, }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 3 days

Place of Death, { Give street and number } 601 1/2 Avenue

Cause of Death, { First (Primary,) Contusions
Second (Immediate,) }

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, W. Pub Cemetery

Date of Burial, June 2nd 1877

{ Undertaker, M. H. C. Perry
Place of Business, Pratt St

Address, Cor. Pratt & Avenue

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *17900*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 1st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Stella Darlington Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

21

Months,

1

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balti. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 33 Milliman St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Scarlett Fever

Uraemia Poisoning

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Lawden Park Cemetery

Date of Burial,

10 o'clock Sunday morning

{ Undertaker,

Wm. J. Fry.

{ Place of Business,

S. W. cor. Fayette & Broadway

Address

222 N. Broadway

C. J. Kueber

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

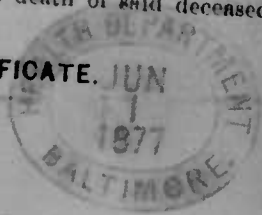
Permit No. 17901

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

May 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henry Clarke
Male

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

one

Months,

Two

Days.

Color,

Colored

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Continuous

Place of Death, { Give street and number. }

No 6 Avenue St
Inflammation On the Brain

Cause of Death, { First (Primary,) Second (Immediate, }

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Gal Cemetery

Date of Burial, June 1

Undertaker, William H. Sayer

Place of Business, 62 East St

Geo. F. Brown

M. D.

Medical Attendant.

Address 257 Montgomery St
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17902

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 1st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Josephine Atine*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *3* Years, _____ Months, _____ Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt*

Duration of Residence in the City of Baltimore, *all her life*

Place of Death, { Give street and number. } *Mykens & D St*

Cause of Death, { First (Primary,) *Dysentery* Second (Immediate,) *Cholera* } *Cholera*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *London Park C.*

Date of Burial, *Jun 2 - 1877*

Undertaker, *J. B. Blackiston & Son* Address *1240 E. Chen St*

Place of Business, *696 Batt St*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17903

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James E. Chapman.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 213 Hollins St.

Cause of Death, { First (Primary,) } Scarlatina.
{ Second (Immediate,) } Eclampsia.

Duration of Last Sickness, About 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 2

{ Undertaker, Wm. W. Leonard & Son } J. Walton White M. D. Medical Attendant.
{ Place of Business, 782 N. Baltimore } Address 67 N. Gilman St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17904

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 1st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henry A. Jameson

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

5 Years,

2

Months,

15

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

214 W. Fayette St.

Cause of Death, { First (Primary,) Second (Immediate.) }

Diphtheritic Croup

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 2/77

{ Undertaker, H. W. Jenkins & Co.

{ Place of Business, 16 Light St.

R. K. Knass

M. D.

Medical Attendant.

Address

214 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 Years, Months, Days.

Color, White

Married, Single, Widowed, { Cross out the words not required in this line. }

Occupation, Mechanic

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Baltimore

Place of Death, { Give street and number. } No 105 S. Sharp St

Cause of Death, { First (Primary,) Paralysis
Second (Immediate,) One year

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mt Vernon Cemetery

Date of Burial, June 3^d 1877

{ Undertaker, John S. Maccher

{ Place of Business, No 150 Camden St

Address, J. C. Bissell M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17906

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Rebecca F Henry

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 29 Years,

Months,

Days.

Color, White

Sex, Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. }

533 North Fremont St

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption

Duration of Last Sickness, 5 Mos

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park Cemetery

Date of Burial, June 3^d 1877

Chas E Satter M. D.
Medical Attendant.

{ Undertaker, Jacob Weaver

{ Place of Business, 4416 Druid Hill Avenue

Address 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17907

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 1st 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Levi Cornish
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 44 Years, Months, Days.
Color, Colored
Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, Porter
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Maryland
Duration of Residence in the City of Baltimore, About 15 years
Place of Death, { Give street and number. } 59 Rabung st
Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,) }
Duration of Last Sickness, Five weeks
All the above information should be furnished by the Physician.
Place of Burial, Taylors Island or on water Co Md
Date of Burial, June 2nd 1877
Undertaker, Hercules Ross
Place of Business, 180. West St
Address, 145 Mulberry st
H. Darling M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Francis W 786.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17908

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, ~~Male~~ or ~~Female~~,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death,

First (Primary,)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

M. D.

Medical Attendant.

Undertaker,

Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *17909*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *1st of June*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catharine E. Fischer*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *90* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Widow*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Murkurg, Germany*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *8 Pearl Str*

Cause of Death, { First (Primary,) Second (Immediate,) } *Old age*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *June 3rd*

Undertaker, *F. N. Troll*

Place of Business, *131 Hanover St* Address

Trav. Hef. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17910*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Louisa Tall

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

10

Years,

8

Months,

28

Days.

Color,

White

Sw

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

318 E. Pratt St.

Cause of Death, { First (Primary),
Second (Immediate), }

Rheumatic Pericarditis

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

134th Cemetery

Date of Burial,

June 3/77

{ Undertaker,

Hughes & Co

{ Place of Business,

65 S. Broadway

Address

288 Madison Ave

W. W. Oving

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17911*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 1st 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Harrison Cornfoot*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *2* Years, *11* Months, Days.
Color, *white* Sex, *Male*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, *June 3rd 1877*

{ Undertaker, *J. B. Cook*
{ Place of Business, *707 W. Baltimore St*

Address

J. R. Uhler M. D.
Medical Attendant.

234 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17912

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Lee Phillips.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 23 Years, 3 Months, 6 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Dorchester Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number. } 358 Hollins St.

Cause of Death, { First (Primary,) Acute Rheumatism
Second (Immediate,) }

Duration of Last Sickness, 29 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 2nd 1877

{ Undertaker, J. B. Cook

{ Place of Business, 107 W Baltimore Street

Louis B. Horn

M. D.

Medical Assistant.

Address 226 Mulb. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17913

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 31st 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

John M. Longh

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

11

Months,

7

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

98 S. Elncker

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Scarlat. fever -
Five days -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

June 2nd 1877

{ Undertaker,

J. B. Cook

{ Place of Business,

No 708 N. Baltimore Street

W. R. McManis

M. D.

Medical Attendant.

Address

582 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17914

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 1 - 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Frank Wallace Norton

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

3

Years,

8

Months,

7

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

313 Myrtle Ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

Asthenia

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Green Island Cemetery

Date of Burial,

June 2nd 1877

John J. Keary

M. D.

Medical Attendant

{ Undertaker,

Thos J. Hughes

{ Place of Business,

60 E. Baltimore

Address

Edmondson Ave 1 door

West of Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17918

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Tralick

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age,

Years,

22

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } Patuxent & Elliott Sts. Corner

Cause of Death, { First (Primary,) Second (Immediate,) } Worms & ~~can~~ spasms

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 3 June 1877

Undertaker, John C. Tralick

Place of Business, 165 N. E. St.

Address

E. W. Jarney
M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17916

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 1.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Catherine Eizen

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 2 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

36 Abays Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlatina
Oedema of the Epiglottis

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician

Place of Burial, St. Anthonys grave yard.

Date of Burial, June 9th

Undertaker, B. Harle

Place of Business, 411 Light Street.

Address 146 Waverly St

Herndon Corke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 2nd

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Joseph H. Walton

Sex, Male or Female,

Cross out the word not required in this line.

Age,

3 8

Years,

Months,

Days.

Color,

White

~~Married, Single, Widowed or Widower~~

Cross out the words not required in this line.

Occupation,

Seaman

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt

Duration of Residence in the City of Baltimore,

38 yrs

Place of Death,

Give street and number.

Balt. Infirmary

Cause of Death,

First (Primary),

Malignant Sore Throat

Second (Immediate),

Asthenia

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet cemetery

Date of Burial,

June 4 1877

J. D. Ashby

M. D.

Medical Attendant.

Undertaker,

Charles F. Heerdt

Place of Business,

161 Hamner St

Address

Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17918

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Infant of Jos L. & Mary E. Simms

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

Months,

5 hours Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto - City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

156 S. Green St.

Cause of Death, { First (Primary,) }
Second (Immediate,)

}

Feeble Vitality
5 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

June 2nd 1877

R. C. Lee M. D.
Medical Attendant.

Undertaker,

John S. Moeck

Place of Business,

Paca St

Address

Harmon Barris

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17919

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Johnson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 12 Years, Months, Days.

Color, ~~Red~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 39 Rose St

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) }

Duration of Last Sickness, 10 m

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2nd 1877

{ Undertaker, Wm H Bishop Jr

{ Place of Business, 103 Druid Hill Ave.

Chas L Drury Hill

M. D.

Medical Attendant.

Address 129 W Beale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17920*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *1st June 1874.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } *Mary Helene Müller*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *—* Years, *10* Months, *—* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *During lifetime*

Place of Death, { Give street and number. } *N. Washington Street No 3.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dentition*

Convulsiones

Duration of Last Sickness, *24 hours*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *June 3*

{ Undertaker, *Wendelin Döppel*

{ Place of Business, *S. Bond St 151*

Address *S. Wolcott 117.*

William Henckel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick C Rohlfing

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 2 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 118 E Gay st

Cause of Death, { First (Primary.) } Whooping Cough

{ Second (Immediate.) } 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 3rd 1877

Undertaker, Chas. Rosenberg

Place of Business, 136 E. Gay st.

Address 121 E Balto

J R Andre M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17922,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Mar 2. 1879*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elizabeth Miller*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *42* Years, *2* Months, *18* Days.

Color, *W.* Sex, *Widow*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Restaurant*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *20 years*

Place of Death, { Give street and number. } *Centre Baltimore Market Street # 20*

Cause of Death, { First (Primary,) *Cancer of Stomach*
Second (Immediate,) *Haemorrhage*

Duration of Last Sickness, *1 year*

All the above information should be furnished by the Physician.

Place of Burial, *Balto. Cemetery*

Date of Burial, *June 3rd*

{ Undertaker, *John Engel*
Place of Business, *616 W. Balto. St.* Address

John A. P. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17923.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sam. Jones
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 13 Years, Months, Days.
Color, Black
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } _____
Duration of Residence in the City of Baltimore, _____
Place of Death, { Give street and number. } Balt. Infirmary
Cause of Death, { First (Primary.) Phthisis
Second (Immediate.) Asthenia
Duration of Last Sickness, one month
All the above information should be furnished by the Physician.
Place of Burial, W. Public Cemetery
Date of Burial, June 1st T. A. Ashby M. D. Medical Attendant.
{ Undertaker, W. H. C. Perry Address Union Hospital
Place of Business, 1448 W. Pratt St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17924,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 1st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Conrad J. Weber

Sex, Male or Female,

Cross out the word not required in this line.

Age,

29

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Grainer

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

94 Franklin St

Cause of Death,

First (Primary.)

Second (Immediate.)

Suicide

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Captain Hill Cemetery

Date of Burial,

June 2nd 1877

Undertaker,

Jacob Weaver

Place of Business,

Nos 4 & 6 Druid Hill Ave

Address

Geo C. G. Corcoran M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Plummer

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

23 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Redder

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

394 E. Fayette St

Cause of Death, { First (Primary), Second (Immediate), }

Rheumatism of Brain

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Balte Cemetery

Date of Burial,

June 3rd 1877

R. W. Mansfield M. D.
Medical Attendant.

{ Undertaker,

H. W. Mears

{ Place of Business,

Gay St

Address

117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17926

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1873

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Anna Charlotte Christiana Canzeman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto. _____

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } Cor Dallas & Lombard Sts.

Cause of Death, { First (Primary.) Second (Immediate.) } Diphtheria

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, June 3^d 1873

Undertaker, Friedrich Goede Address 137 Calver St.

Place of Business, 29 S. Gardiner St.

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17927.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st, 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Thomas Tittle

Sex, Male or Female, Cross out the word not required in this line. Male

Age, 62 Years, Months, Days.

Color, White

Married, Single, Widowed or Widower, Cross out the words not required in this line. Single

Occupation, Last employed as Watchman in Bank. Formerly Waterman

Birthplace, State or country (and how long in the United States, if of foreign birth.) Trent Co. Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, Give street and number. 108 Hamburg St

Cause of Death, First (Primary), Second (Immediate), Fungus Haematodes

Duration of Last Sickness, 1 Year - 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 2nd

Undertaker, Armstrong & Son

Place of Business, 263 Light Address 64 William St

J. Daugherty M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2^d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Welshoffer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 22 Years, Months, Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 293 Penna ave

Cause of Death, { First (Primary,) Bright disease of kidneys
Second (Immediate,) }

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Linden Park G L Ganeyhill M. D.

Date of Burial, 4 June Medical Attendant.

{ Undertaker, G L Ganeyhill Address 129 W Bedale
{ Place of Business, 262 Penna ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17929

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 2 1897

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Henry Dore

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

54

Years,

10

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Baker

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

22 years

Place of Death,

Give street and number.

Cor. Boston & Ellet

Cause of Death,

First (Primary.)

Heart disease

Second (Immediate.)

Duration of Last Sickness,

4 months

All the above information should be furnished by the Physician.

Place of Burial,

Trinity Cemetery

Date of Burial,

Monday June 4 1897

Abraham D. Howard M. D.

Medical Attendant.

Undertaker,

Henry Sander.

Place of Business,

252 Canton St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, 4 Weeks

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Foundling

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } St. Vincent's Infant Asylum

Cause of Death, { First (Primary,) Second (Immediate,) } Marasmus Hydrocephaloid convulsions

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, June 4. 1877

{ Undertaker, Daniel Bowen

{ Place of Business, 156 Division St.

Marbury Brewer M. D. Medical Attendant.

Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

2 Months,

7 Days.

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, June 4th 1877

Undertaker, H. Bergmann

Place of Business, 45 Clay St.

Address 111 Greenmount Ave.

Belle M.D.
Whole life
198 Constitution St.
Whooping Cough
Convulsions
10 days

Silas M. Hunter M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17932

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 2nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John C. Crawford - Mother*

Sex, Male or Female, { Cross out the word not required in this line. } *Eva Ann Crawford Mother*

Age, _____ Years, _____ Months, *5* Days.

Color, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *5 hours*

Place of Death, { Give street and number. } *328 Orleans St -*

Cause of Death, { First (Primary,) Second (Immediate,) } *Premature Birth*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician

Place of Burial, *Balt Cemetery*

Date of Burial, *June 4 1877*

{ Undertaker, Place of Business. } *Wm Fry 54 N Broadway*

Address *110 a day Wednesday*

Wm S. Ramey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 77933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 2nd,*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Thos. Jos. Clarke*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *Two* Years, *10* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Bolton City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *157 N. Front St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Chronic Bronchitis*

Duration of Last Sickness, *Three months*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross*

Date of Burial, *June 3rd 1877*

{ Undertaker, *Jacob Weaver*

{ Place of Business, *No 426 Grand Hill Avenue*

John F. Monahan M. D.
Medical Attendant.

Address *512 Calvert St. Room 10*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *17934*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 2 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Schissler*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *—* Years, *11* Months, *—* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *city*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *50 E. Calver Ave*

Cause of Death, { First (Primary.)
Second (Immediate.) } *Cholera Infantum*

Duration of Last Sickness, *6 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cem*

Date of Burial, *June 4*

{ Undertaker, *P. Frey*

{ Place of Business, *91 Eastern Ave*

Abraham B Arnold M. D.
Medical Attendant.

Address *—*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm. Henry Wisenbaugh

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 2 Years,

5 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth). }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

199 N. Dallas St.

Cause of Death, { First (Primary),
Second (Immediate), }

Summer Diarrhoea &

Spasms

Duration of Last Sickness,

About 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4th/77

{ Undertaker, Geo Schilling

{ Place of Business, Ashland Street

A. E. Stein

M. D.

Medical Attendant.

Address 195 N. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie P. Wright.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, Two Months, 7 Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 110 Sarah Ave, St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 91 Chestnut St.

Cause of Death, { First (Primary,) Cataract
Second (Immediate,) Hemorrhage

Duration of Last Sickness, Five weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, June 3rd 1877

J. B. Gardner M. D.
Medical Attendant.

{ Undertaker, P. Kimmitt

{ Place of Business, 317 Mulberry St. Address 120 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17937

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 24 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Wm Headgrove Frederick

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Two Years,

four

Months,

Days.

Color,

colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

Water Court near Morris St

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough
Convulsions

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician

Place of Burial,

Laurel Cemetery

Date of Burial,

June - 3rd 1877

{ Undertaker,

Wm H. Busholtz

{ Place of Business,

10 S. Broadway

E. C. Price & Son M. D.
Medical Attendant.

Address 262 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

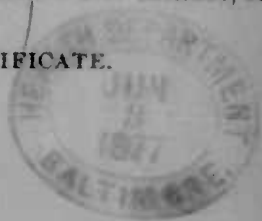
Permit No. 17938

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 2nd 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Saml. T. M. Cardel

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

20

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

10 Valley St

Cause of Death, { First (Primary,) Second (Immediate,) }

Malignant Scarlet fever
6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral

Date of Burial,

June 3rd 1877

{ Undertaker,

Wm. H. Hickman

{ Place of Business,

234 E. Gay St

Address

166 E. Eager St

Geo. Brooke Boyle

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1877

Full Name of Deceased, { Write legibly and spell overcorrectly. If an infant not named, give names of parents. } Hyett R. Wood

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, Ten Years, Months, Days.

Color, White Sex,

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Elmira N. Y.

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give street and number. } 5, N. Calhoun St.

Cause of Death, { First (Primary, Second (Immediate, } Diphtheria.

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Elmira N. Y. Morris Furrier M. D.

Date of Burial,

{ Undertaker, H. W. Jenkins Son Address 249, W. Fayette St. Place of Business, 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 787)

[OVER

Board of Health, City of Baltimore.

Permit No. 17940

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 2^d 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Collier

Sex, Male or Female,

Cross out the word not required in this line.

Age,

5

~~X~~

Years,

Color,

White

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

55 S. Republican St

Cause of Death,

First (Primary.)
Second (Immediate.)

Scarlet fever

Duration of Last Sickness,

About 14 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

June 3^d 1877

Undertaker,

J. B. Cook

Place of Business,

707 W. Baltimore

W. R. McInnis

M. D.

Medical Attendant.

Address

582 N. Thuyette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 2^d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

David Freeman

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

76 Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Brick moulder.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Scott St. South of Cross. { no number }

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia

Duration of Last Sickness,

5 days.

All the above information should be furnished by the Physician

Place of Burial, London Park cemetery

Date of Burial, June 4th 1877

{ Undertaker, J. B. Cook

{ Place of Business, No 704 N. Baltimore Street

P. J. N. Tall

M. D.

Medical Attendant

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

2nd June 77

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents }

Geo Sanders Hyman

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

4

Years,

6

Months,

Days.

Color,

White

Sex,

male

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Bald

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

153 Alston St

Cause of Death,

{ First (Primary),

Second (Immediate),

Malignant Diphtheria

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount

Date of Burial,

May June 2/77

Undertaker,

J. H. Hennessey

Address

Place of Business,

No 92 N. Howard

J. Donaldson New

J. H. Hennessey

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. *17,943*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

3rd June 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hiram Howard Ford

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

9 Years,

6

Months,

23

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

147 Croft

Convolutions

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

one day

All the above information should be furnished by the Physician.

Place of Burial, *Lansdown Park cemetery*

Date of Burial, *June 5 1877*

W. Webster M. D.
Medical Attendant.

{ Undertaker, *Charles F. Howler*

{ Place of Business, *161 Hanover St.*

Address *57 Barre St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to List of Diseases on back of this Certificate.

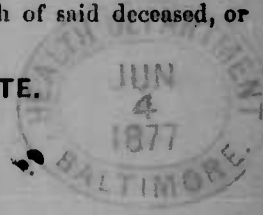
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17944*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 2nd

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Hall

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

Months,

2 1/2 *hours* Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

No 148 E Eager St

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Mania

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 4 1877

Undertaker,

Wm Schirer

Place of Business,

Address

Wm Whipple

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *17945*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 3rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *St George Cook Sanderson*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Two* Years, *Three* Months, Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *208 Market St.*

Cause of Death, { First (Primary,) *Diphtheria*
Second (Immediate,) *Convulsions*

Duration of Last Sickness, *Three days*

All the above information should be furnished by the Physician.

Place of Burial, *London R.R. Co.*

Date of Burial, *June 4th*

Siess Baldwin M. D.
Medical Attendant.

{ Undertaker,

{ Place of Business,

Address *150 Townsend St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sally Abigail

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 Years, Months, Days.

Color, White Sex, Single

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 9 Waverley Terrace

Cause of Death, { First (Primary,) Basilar Meningitis
Second (Immediate,) Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 4th 1877

{ Undertaker, Hughes & Co

{ Place of Business, 3150 Fayette

Address 10 N. Carey St.

W. H. May M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17947*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 2nd 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Scheffer

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

9

Months,

5

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Entire life time

Place of Death, { Give street and number. }

65 S Bond St

Cause of Death, { First (Primary,) Second (Immediate,) }

Meningitis (Simplex)

Duration of Last Sickness,

Probably had defective system at birth

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 4, 1877.

Dr Webster Cathell

M. D.

Medical Attendant.

{ Undertaker,

Th. Hoffmann

{ Place of Business,

630 E. Eden St

Address

1/2 S. E. 1st St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17948

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 15 Minutes Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 4th 1877

{ Undertaker, J B Cook

{ Place of Business, No 707 W Baltimore Street

A H Sartin M. D.
Medical Attendant.

Address 523 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William Turner

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

32

Years,

Months,

Days.

Color,

Colored

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Hostler

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Richmond Virginia

Duration of Residence in the City of Baltimore,

12 years

Place of Death, { Give street and number. }

34 Boyd st

Cause of Death, { First (Primary,) }

Pneumonia

{ Second (Immediate,) }

Phthisis Pulmonalis

Duration of Last Sickness,

8 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 4 1877

{ Undertaker,

S. W. Chase

{ Place of Business,

No 178 Howard

Address

187 Hollins st

P. T. Benson

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Sex, ~~Male~~ Female,

Age, 32

Color,

~~Married~~, Single, ~~Widow~~, ~~Widower~~

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number.

Cause of Death, { First (Primary),
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 5th 1877

Undertaker, H. T. Jenkins

Place of Business,

Years,

10

Months,

26

Days.

Sex,

Female

Baltimore City -

Catapa - Fulton St - Chestnut
Pneumonia

Dr. J. M. Whitford

M. D.
Medical Attendant.

Address 146 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17951*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 3rd 77

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Catharine Born

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

3

Years,

3 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

life

Place of Death,

{ Give street and number. }

380 Saratoga St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Scarlet Fever

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

June 4 1877

J. H. Bunn

M. D.

Medical Attendant.

{ Undertaker,

Petter Bunn

Address

{ Place of Business,

No 317 N. Cherry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17952

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Schultz

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } Male.

Age, 58 Years, 1 Months, 10 Days.

Color, White Sex, Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married.

Occupation, Grocer.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, About thirty five years.

Place of Death, { Give street and number. } 166 N. Fremont St.

Cause of Death, { First (Primary,) Second (Immediate,) } Asthma Catarrhalis, with heart complication.
Symptoms indicate rupture of Heart, (no post mortem)

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4th 1877 H. R. Peterhoff M. D.
Medical Attendant.

{ Undertaker, P. H. ...

{ Place of Business, 311 ... Address 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Ruark

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Lumber Handler

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Dutchess Co

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number. } 52 Orleans St

Cause of Death, { First (Primary,) Second (Immediate,) } Pyaemia

Duration of Last Sickness, 2 years -

All the above information should be furnished by the Physician.

Place of Burial, Alto Cemetery

Date of Burial, June 5, 1877

{ Undertaker, Chas. A. Wagner

{ Place of Business, 74 S. B. St

J. D. Grupp

M. D.

Medical Attendant.

Address 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17957

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3^d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Hill

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Two Years, Four Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 86 North Eden St

Cause of Death, { First (Primary,) Mesenteric Fever
Second (Immediate,) Brain Fever

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 5th 1877

{ Undertaker, Thos P. Hughes Address 179 E Baltimore St
Place of Business, 60 E Baltimore St

A. E. Fooks M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 3^d 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Lotta May Pasterfield

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

2

Years,

4

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

220 E. Fayette St

Cause of Death,

First (Primary),

Scarlatina Maligna

Second (Immediate),

Eclampsia

Duration of Last Sickness,

3 Days

All the above information should be furnished by the Physician.

Place of Burial,

St. E. Church Ground

Date of Burial,

June 4th 1877

Undertaker,

Thos. J. Hughes

Place of Business,

60 E. Balto

Address

277 E. Baltimore St.

James E. D. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 1/77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Buffa

Sex, Male or Female,

Cross out the word not required in this line.

Age,

27

Years,

Color,

White

Months,

Sex,

Male

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Convict

Don't Know

Birthplace, { State or country (and how long in the United States, if of foreign birth.)

Don't Know

Duration of Residence in the City of Baltimore,

1 Year

Place of Death, { Give street and number.

Maryland Penitentiary

Cause of Death, { First (Primary),

Second (Immediate),

Congestion of Brain
Two Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cementary

Date of Burial, June 2

Undertaker, Charles Struper

Place of Business, Pratt Cheston St

J B Boyle

M. D.

Medical Attendant.

Address

116 E Cager St

per W. H. K. K. K.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 3rd

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Will Murphy

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

2

Years,

White

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

27 Warner St

Cause of Death,

First (Primary),

Toxæmia

Second (Immediate),

Asphyxia

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

D. L. Buddenbahn M. D.
Medical Attendant.

Address

106 Columbia St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 179,58

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 3^d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles E. Herberts.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

29

Years,

Color,

White

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, House Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany.

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give street and number. }

218 Preston St.

Cause of Death, { First (Primary,) Second (Immediate,) }

accidental.

fell from a scaffold.
20 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 5th 1877

Undertaker, Mr. Schullberg

Place of Business, 72 Penna Ave

Geo E. Ogle corner, M. D.
Medical Attendant.

Address 229 Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 3d 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Phebe Jane Fitch

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

Six

Months,

Days.

Color,

Paler

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Nothing

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore city Maryland

Duration of Residence in the City of Baltimore,

Continued

Place of Death,

{ Give street and number. }

No. 8 Spring Garden av

Cause of Death,

{ First (Primary), }

Tubercular Meningitis

{ Second (Immediate), }

Convulsions

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial,

Laurie Cemetery

Date of Burial,

June 5

{ Undertaker,

Therocular Bros

{ Place of Business,

180 West St

Address

J. D. Dyer

No 146 Hill St

Baltimore

MD

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17960*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 3rd*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Eveline Anschutz

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, *5*

Years,

3

Months,

20

Days.

Color, *White*

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. }

No 171 East Madison St

Cause of Death, { First (Primary,)

Diphtheritis

Second (Immediate,)

Asthenia

Duration of Last Sickness,

Eighteen days

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *June 5th 1877*

{ Undertaker,

Hughes & Co

{ Place of Business,

Broadway

Address

1 E. Cor. Caroline & Gay Sts

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17961*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *10¹⁵ P. M. June 3rd. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Emma Heckenbush*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, Years, *15* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *48 N. Washington St*

Cause of Death, { First (Primary,) *Cholera Infantum*
Second (Immediate,) *Eclampsia* }

Duration of Last Sickness, *Three days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Stephens Cemetery*

Date of Burial, *June 4*

{ Undertaker, *Hendelin Tappel*

{ Place of Business, *S. Bond St 151*

James E. D. M. D.
Medical Attendant.

Address *299 E. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt Henry Yeatman.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 Years, _____ Months, _____ Days.

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } 102 Parkin St.

Cause of Death, { First (Primary), Second (Immediate), } Scarlet Fever.
Uraemia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western B.

Date of Burial, June 4

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Batt St

Medical Attendant, Wm. Regan M. D.

Address, J. W. Cor Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17963,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 4 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

May Belt (Mother)

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

3

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

422 Sharp St

Cause of Death,

First (Primary.)

Premature Birth

Second (Immediate.)

Maranition

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial,

St. Paul Cemetery

Date of Burial,

June 4 1877

James A. Stewart, M. D.

Undertaker,

M. H. C. Perry

Place of Business,

Pratt St.

Address

Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Ellen Sleeth Midwife [OVER.]

Board of Health, City of Baltimore,

Permit No. 17964

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Florence Pratt

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 5 Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

242 Greenmount Ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Affection of Spine
6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Bur

Date of Burial, June 4. 1877

{ Undertaker, John J. Rodermayer & Co
Place of Business, N. E. corner Greenmount Ave & Monument St }

Silas N. Hunter M. D.
Medical Attendant.

Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 17965

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *June 4 1877*
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Chas Fannin Miller (Pant)*
Sex, ~~Male~~ Female, Cross out the word not required in this line.
Age, *7* Years, *7* Months, *7* hours *Days*
Color, *wh*
Married, Single, Widow or Widower, Cross out the words not required in this line.
Occupation,
Birthplace, State or country (and how long in the United States, if of foreign birth.) *Balt City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, Give street and number. *3. Braden baugh alley*
Cause of Death, First (Primary.) *Premature Birth - (7 mos)*
Second (Immediate.) *asthenia*
Duration of Last Sickness, *Life*
All the above information should be furnished by the Physician
Place of Burial, *Balt Cemetery*
Date of Burial, *June 5 1877* M. D.
(Undertaker, *Geo C. Braden* Address *Commis of Health*
Place of Business, *Emor St* *18 Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by M. A. Butte Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 3^d 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Michael Dillon

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Thirty Seven

Years,

Color,

White

Months,

Days.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Iron Moulder

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Ireland Mill Town

Duration of Residence in the City of Baltimore,

Twenty three years

Place of Death,

Give street and number.

32 Douglas St

Cause of Death,

First (Primary).
Second (Immediate).

Diabetes and organic disease of the heart
General exhaustion

Duration of Last Sickness,

About three weeks

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cemetery

Date of Burial,

June 5 1877

Undertaker,

James P. Byrne

Place of Business,

No 63 N Front St

Address

Wm Pittman et. Taylor M. D.
Medical Attendant.
No 61 Cherry St & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17967*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 2nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Thomas*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *35* — Years, Months, Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Fireman*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *10 Thirling St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Bright Disease of Kidney*
5 months

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, *Green Cemetery*

Date of Burial, *June 5 1877* *Geo. B. Reynolds M. D.*
Medical Attendant.

Undertaker, *W. N. Bruns* Address *143 N. Calvert*

Place of Business, *East St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17968*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 3^d 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John A. H. Cressman

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

2

Years,

1

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

all its life

Place of Death,

{ Give street and number. }

Cor Dallas + Lombard St

Cause of Death,

{ First (Primary,) }

{ Second (Immediate,) }

Scarlet Fever

do - Paralysis of brain

Duration of Last Sickness,

about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Annapolis Cemetery

Date of Burial,

June 5

{ Undertaker,

Lidrick & Co

{ Place of Business,

21 La Salle St

Address

St. 2 - Fayette St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 4th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Patrick Gleason

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, 12 Days

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } Bolton Alley E No. 2

Cause of Death, { First (Primary,) Marasmus
Second (Immediate,)

Duration of Last Sickness, Great part of its life

All the above information should be furnished by the Physician.

Place of Burial, Govans town E. E. Mullinee M. D.

Date of Burial, June 5th 1877

{ Undertaker, John S. Scriven Address 298 Penn. Ave

{ Place of Business, 271 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

5th June 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Louisa Bernaskani

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

3

Years,

6

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Italy

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

14 President Street

Cause of Death,

{ First (Primary.) }

Hyperaemia acuta

{ Second (Immediate.) }

Eclampsia

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

June 6th 1877

Date of Burial,

Hyson Cemetery

{ Undertaker,

Henry L. Halliday & Co. Monument St

{ Place of Business,

Address

245 E. Baltimore St

J. H. H. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1897.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Bramble

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Eighty Years, Months, Days.

Color, white Sex, Female

Married, ~~Single~~, Widow ~~Widower~~, { Cross out the words not required in this line. }

Occupation, City

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 266 E Biddle St.

Cause of Death, { First (Primary,) Hepatitis
Second (Immediate,) of 8 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 6th D. C. Ireland M. D.

{ Undertaker, Geo Schilling 178 Aisquith St. Medical Attendant.

{ Place of Business, 178 Aisquith & Monmouth St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17972*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 4/1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Thomas L. Lacy*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *Eleven* Years, *Eight* Months, *Seven* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *North Mendenham, Va.*

Duration of Residence in the City of Baltimore, *Eleven months & 10 days*

Place of Death, { Give street and number. } *North Mendenham, Va.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Acute Diphtheria*

Duration of Last Sickness, *one month*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cem.*

Date of Burial, *June 6/77*

{ Undertaker, *Hughes & Co.*

{ Place of Business, *65 S. Broadway*

J. S. Horton M. D.
Surgeon Medical Attendant.

Address *111 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...particularly invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17973*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 5th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George William Lutz*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *3* Years, *6* Months, Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *From Birth*

Place of Death, { Give street and number. } *307 N. Duncan St.*

Cause of Death, { First (Primary,) *Convulsions*
Second (Immediate,) }

Duration of Last Sickness, *20 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *6 June 1877*

{ Undertaker, *Adams & Sons*
{ Place of Business, *461 N. Gay St.* Address

W. H. H. H. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

personally verified to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17974

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 4th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Samuel E. Jackson

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

//

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Bal-to -

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

219 E. Monument St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Whooping Cough -
Spasm -

Duration of Last Sickness,

28 Days -

All the above information should be furnished by the Physician.

Place of Burial,

Balt Cemetery

Date of Burial,

June 6 1877

{ Undertaker,

{ Place of Business,

Wm Fry
54 E Broadway

Address

137 Calhoun St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Fill in the blanks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *17975*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 4th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Mooney*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *75* Years, Months, Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland*

Duration of Residence in the City of Baltimore, *20 yrs*

Place of Death, { Give street and number. } *16 Garden St*

Cause of Death, { First (Primary), Second (Immediate), } *Age*
Nervous debility

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, *Cathedral Cemetery*

Date of Burial, *June 6th 1877* *Chas. Q. Donovan* M. D.
Medical Attendant.

{ Undertaker, *Jas F Byrne*

{ Place of Business, *59 n Liberty*

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Mooney

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ferdinand Barlage
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, 32 Years, Months, Days.
Color, white Sex,
Married, Single, Widowed ~~or Widowed~~, { Cross out the words not required in this line. }
Occupation, Cigar Maker
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hanover - Germany (20 yrs in Ar
Duration of Residence in the City of Baltimore, 20 yrs
Place of Death, { Give street and number. } St. Joseph's Hospital
Cause of Death, { First (Primary,) Tuberculosis
Second (Immediate,) Exhaustion
Duration of Last Sickness, 1 yr
All the above information should be furnished by the Physician.
Place of Burial, St. Agnes Cemetery
Date of Burial, June 5th 1877
{ Undertaker, P. Hammer
Place of Business, 317 Bulbary St Address 188 N. Calvert St
Oscar J. Anthony M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17977*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 4 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Emily Adler
Female

~~Male~~ Female, { Cross out the word not required in this line. }

Age,

6

Years,

5 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

335 E Pratt.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Scarlatina

Duration of Last Sickness,

nine days.

All the above information should be furnished by the Physician.

Place of Burial,

Lloyd St. Heb. Cong. Cemetery

Date of Burial,

June 6th 77 9 a.m.

Abraham B. Accord

M. D.

Medical Attendant.

{ Undertaker, *Wm. Hollander & Sons*

{ Place of Business, *224 Pratt St.*

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 77978

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17978

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 4th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Michael M^c Donald~~Sex~~ Male or Female,

{ Cross out the word not required in this line. }

Age,

Forty

Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~, ~~or~~ ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Waiter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland. About 20 yrs. in America.

Duration of Residence in the City of Baltimore,

Seven weeks

Place of Death, { Give street and number. }

Camden La 5.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Phthisis Pulmonalis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, June 5 1877

{ Undertaker, James P. Byrne

{ Place of Business, No 63 N. Front St

J. G. Lay

M. D.

Medical Attendant.

Address

Baltimore Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17979*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

3rd June 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents }

Harriet Jones

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

40 Years,

Months,

Days.

Color,

Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Worcester Co Md.

Duration of Residence in the City of Baltimore,

22 yrs

Place of Death,

{ Give street and number. }

near of 57 Burrest

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Apoplexy

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St

Date of Burial,

June 5

J. H. W. Webster

M. D.

Medical Attendant.

{ Undertaker,

W. W. W. B. B.

{ Place of Business,

180 W. S. St

Address

57 Burrest

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17980

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 5th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Fink

Sex, Male or Female,

Cross out the word not required in this line.

Age,

28 Years,

1. Months,

12. Days.

Color,

White

Sex,

female.

Married, Single, Widowed or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto. Md.

Duration of Residence in the City of Baltimore,

28 years

Place of Death,

Give street and number.

No. 131 Jefferson St.

Cause of Death,

First (Primary,)

Second (Immediate,)

Phthisis Pulmonar.

Duration of Last Sickness,

7 years.

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

June 6th 1877

Undertaker,

George F. Fink

Place of Business,

399 E. Eager St.

Address S. E. Cor. Jefferson & Central Avenues.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 17981
The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17981

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th June 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christian Braun

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 53 Years, six Months, 25 Days.

Color, White Sex, Male

Married, Single, Widowed or Divorced, { Cross out the words not required in this line. } Married

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number. } 311 Mulberry St

Cause of Death, { First (Primary,) Second (Immediate,) } Encephalitis

Duration of Last Sickness, As reported to me about six days
All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June - 6th 1877

{ Undertaker, A. Miller Address

{ Place of Business, 86 N. Enoch St

W. S. P. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *17982*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 4th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Laura Rogers*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *One* Year, *Nine* Months, Days.

Color, *White* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *City of Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Granby street no 79*

Cause of Death, { First (Primary,) Second (Immediate,) } *Scarlet fever with Convulsions*

Duration of Last Sickness, *Twenty four hours*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *June 5th 1877*

{ Undertaker, *Thomas Hughes*

{ Place of Business, *Balto street*

J. C. Cockey M. D.
Medical Attendant.

Address *No 2 S. Everts st*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No.

~~17983~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *5 June 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Maria White Howard*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *14* Years, *12* Months, Days.

Color, *white* Sex, *female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *since birth*

Place of Death, { Give street and number. } *350 E. Eastern St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Whooping Cough*

Duration of Last Sickness, *since birth*

All the above information should be furnished by the Physician.

Place of Burial, *St. Carmel Cemetery*

Date of Burial, *June 6th 1877*

M. D.

Medical Attendant.

Undertaker, *H. Froehlich*

Place of Business, *246 Eastern Av*

Address *412 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 4th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mrs Mary Stengel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 44 Years,

Months,

Days.

Color, White

Sex,

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

St Joseph's Hospital

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption
Exhaustion

Duration of Last Sickness, About 1 yr -

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 5th 1897

Oscar Koschey

M. D.
Medical Attendant.

{ Undertaker, H. Schuetters -

{ Place of Business, Monument St

Address 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jun 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Edward Herpel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One Years, 9 Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 40 S. Register St.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 6th 1877 John S. Lynch M. D.
Medical Attendant.

{ Undertaker, Henry Froelich Address S. E. Corner Broadway
{ Place of Business, Canton Avenue between
Wolfe & Washington Street. & Pratt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Reeder

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 16 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Co

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 845 Light St

Cause of Death, { First (Primary), Second (Immediate), } Cortusion of Abdominal viscera, injury to Spinal column by fall

Duration of Last Sickness, 15 hrs

All the above information should be furnished by the Physician

Place of Burial, Family Burial Ground Washington

Date of Burial, June 6th 1877 P. H. Redge M. D.

Undertaker, Charles F. Heerde Medical Attendant.

Place of Business, 161 Hammond Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17.987.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 5th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Ella Va Thornton

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

9 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

95 Hamburg St.

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Febrile
Diarrhea

Duration of Last Sickness,

3 Days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore cemetery

Date of Burial,

June 7 1877

{ Undertaker,

Charles F. Herbert

{ Place of Business,

161 Hanover St

N. W. C.

Address

Narrow Barr Sts

R. C. Lee, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 17988
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

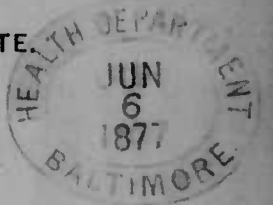
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth Weber

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

60 Years,

X Months,

X Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give street and number. }

83 Bond Street.

Cause of Death, { First (Primary), Second (Immediate), }

Senility.
Exhaustion

Duration of Last Sickness,

Cannot state definitely

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 7th 1877

{ Undertaker,

Charles P. Herold

{ Place of Business,

161 Hannover St.

Address

Dissever 29 S. Sharp Street

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17989*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 5th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Charles Rutherford Shaw

Sex, Male or Female,

Cross out the word not required in this line.

Age,

21 Years,

10 Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Deck Cincinnati, O.

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

17 years.

Place of Death, Give street and number.

201 West Lombard St.

Cause of Death,

First (Primary),

Second (Immediate),

Phthisis Pulmonalis

apnoea about 18 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt. Cemetery

Date of Burial,

June 4th 1877

Undertaker,

A. W. Jenkins & Son

Place of Business,

16 Light St.

Address

18 S. Eutaw St.

J. Wm Walls

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17990*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 6 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Richard Boswell Craig

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

Months,

14

Days.

Color,

W

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

209 Druid Hill Rd

Cause of Death,

First (Primary,)

Second (Immediate,)

*Marasmus - with
Scleroderma*

Duration of Last Sickness,

From birth

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cem

Date of Burial,

June 6th 1877

Undertaker,

Chas T Scriven

Place of Business,

27 N. Eutaw St

Address

189 N. Howard St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 4th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles H. Hall
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Years, Eight Months, Days.
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, Nothing
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City Maryland
Duration of Residence in the City of Baltimore, Continued
Place of Death, { Give street and number. } No 13 Montgomery St
Cause of Death, { First (Primary,) Branchitis, Phthisis
Second (Immediate,) Tubercles Mesenterica
Duration of Last Sickness, From birth
All the above information should be furnished by the Physician.
Place of Burial, Sharp Street Cemetery
Date of Burial, June 11th 1877
{ Undertaker, J. Davis
{ Place of Business, 103 E. W. St.
Address, L. D. Byer M. D.
No 146 Hill St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore, 1877

Permit No. 17992

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 0 Years, 6 Months,

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 7

Undertaker, J. H. Hafman & Son

Place of Business, 262 Pennsylvania Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. **17993**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 5th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Smith*
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, *—* Years, *—* Months, *half hour* Days.
Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Paul's Cemetery*
Date of Burial, *June 6th 1877*

Undertaker, *Bernhard Smith*
Place of Business, *Pratt St*
Address, *Commissioner of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Bernhard Smith* [VER.]

No. 17994

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 5th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Nester A. Vinton.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

67

Years,

4 Months,

12 Days.

Color,

~~Married~~, ~~Single~~, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Worcester Co. Ind.

Duration of Residence in the City of Baltimore,

10 years.

Place of Death,

{ Give street and number. }

188 Hughes St.

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Rheumatism
Endocarditis
Ten weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

June 10th 1877

R. J. H. Tall

M. D.

Medical Attendant.

Undertaker,

Christophe Leung

Place of Business,

263 Light St.

Address 158, A. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 17995

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 2nd. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George B. Hooper

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 42 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 120 S. Durham

Cause of Death, { First (Primary.) Tetanus }
{ Second (Immediate.) Asphyxia }

Duration of Last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30th 1877

{ Undertaker, Wm. L. Jungell }

{ Place of Business, 62 East street }

Address, G. L. Wilkins M. D. Medical Attendant. 177 So. Princes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 17996

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, June 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James K. Kumpfer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 26 Years, Months, Days.

Color, Colored Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. } New Market Md.

Duration of Residence in the City of Baltimore, abt. 5 yrs.

Place of Death, { Give street and number. } 24 S. B. St.

Cause of Death, { First (Primary,) Tuberculosis
Second (Immediate,)

Duration of Last Sickness, abt 9 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 6th 1877

{ Undertaker, Wm. J. Jung

{ Place of Business, 12 East St

Geo. S. Kimmmon M. D.
Medical Attendant.

Address 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

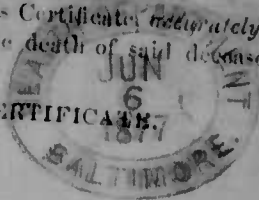
Permit No. 17997

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *thoroughly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 6th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma Luisa Lindeman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

7 Years,

Color,

White

Months,

Days.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

78 L. Exeter
Meningitis

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

6 days.

All the above information should be furnished by the Physician

Place of Burial, Mount Carmel

Date of Burial, June 7 1899

Undertaker, C. F. Krause

Place of Business, 209 Hanover

Abraham B. Arnold M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 17998

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

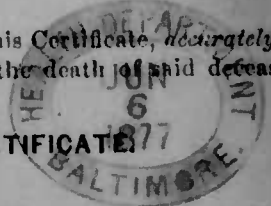
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death,

June 6, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Helen Virginia Wilkins

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

1

Years,

2

Months,

Days.

Color,

White

Sex,

Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

41 Lemon St.

Cause of Death, { First (Primary,) Second (Immediate.) }

Cholera Infantum

Duration of Last Sickness,

About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 7th, 1877

John Hood M. D.
Medical Attendant.

{ Undertaker,

Wm. J. & Co

{ Place of Business,

350 Fayette St.

Address

274 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 17999

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 6th. 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *A. C. Mentzelle (Fallen)*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *One* Years, *Months,* Days.

Color, *White* Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore City*

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. *S. E. cor. Pearl & Mulberry Street*

Cause of Death, First (Primary,) Second (Immediate,) *Convulsions*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Balto cem* *Chas. N. Neff M. D.*
Medical Attendant.

Date of Burial, *June 7*

Undertaker, *W. H. Plozard* Address *306 N. Fayette Street*

Place of Business, *201 Pen av*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 6th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Herman Holtzward

Sex, Male or Female,

Cross out the word not required in this line.

Age,

20

Years,

11

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Turner

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany - 6 years in U.S.

Duration of Residence in the City of Baltimore,

6 years

Place of Death,

Give street and number.

326 E Monument St

Cause of Death,

First (Primary).

Unknown natural cause

Second (Immediate).

Jury Verdict

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Balt Cemetery

Date of Burial,

June 7th 1877

Undertaker,

Henry Schultkeis

Place of Business,

E Monument St

Edmund R Walker M.D.
Medical Attendant.

Address 130 Cornhill M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18001

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

6th. June, 1877.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph Ferabex

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

7

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore, City

Duration of Residence in the City of Baltimore,

During Lifetime

Place of Death,

{ Give street and number. }

Canton Avenue, 229

Cause of Death,

{ First (Primary,) }

{ Second (Immediate,) }

Cholera Infantum

Consequences

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician

Place of Burial,

S. Alfonzes Cemetery

Date of Burial,

8th June

William Kennel

M. D.

Medical Attendant.

Undertaker,

Leonhard Kury

Place of Business,

S. Bond Street, No. 277

Address

S. Wolfson, 114.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 5th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Burns

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

1 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

77 E. Lombard St.

Cause of Death,

{ First (Primary),
Second (Immediate), }

Dysentery
5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 7th 1877

{ Undertaker, James P. Byrne

{ Place of Business, 416 63rd St. N. W.

J. J. Gump

M. D.

Medical Attendant.

Address 137 Calver St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 18003

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Color,

Months,

Days.

Married, Single, Widow or Widower,

{ Cross out the word is not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death,

{ First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

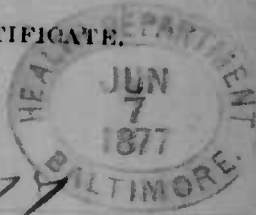
Permit No. *18004*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Ann Simms

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age,

55

Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Laundress

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Colbert County Md.

Duration of Residence in the City of Baltimore,

11 yrs

Place of Death, { Give street and number. }

Stockton Alley, No. 4

Cause of Death, { First (Primary,) Second (Immediate,) }

*Cancer of Uterus
Exhaustion*

Duration of Last Sickness,

one year

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 7 1877

{ Undertaker,

W. Chase

{ Place of Business,

190 1/2 Howard

Address

113 N. Fremont

H. D. C. C.
M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 180115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Columbus May Crosby

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, 1

Color, Cald Months, 1

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Balt City

Place of Death, { Give street and number. } 179 York St

Cause of Death, { First (Primary,) Asthenia
Second (Immediate,) Life

Duration of Last Sickness,

All the above information shall be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7th 1877

Undertaker, S. W. Chase

Place of Business, Howard St

James A. Stewart, M.D.

Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of birth and deaths of illegitimate children.

Information by Mary Jones McDurfee

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *18006*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Rutherford Smith

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age,

Years,

One

Months,

Fourteen

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

484 W. Lombard St

Cause of Death, { First (Primary),
Second (Immediate). }

Cholera Infantum

Duration of Last Sickness,

About 2 days

All the above information should be furnished by the Physician.

Place of Burial,

Balto Co Md

Date of Burial,

June 8th 1877

Benjamin Whiteley

M. D.

Medical Attendant.

{ Undertaker,

Blackiston & Son

{ Place of Business,

Balto

Address

307 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18007

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 6th of June 1877 (Schleunes)

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis Schleunes

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Two (2) Years, Five (5) Months, Two (2) Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 176 Malberry St. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 176 Malberry St. Baltimore

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheritis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Garden Park M. D.

Date of Burial, June 8th 1877 Medical Attendant.

{ Undertaker, G. Schulteis

{ Place of Business, 1513 Malberry St. Address 120 Pearl St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18008

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Amberg

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 4 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } Drowned in falls of Grant St. Residence of Grant.

Cause of Death, { First (Primary,) Accidental
Second (Immediate,) Drowning

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Trinity St. Cemetery

Date of Burial, June 7.

Underlaker, John Brown

Place of Business, 77. S. Wolf St

Address, Corner N. B.

Edmund R. R. Valen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the use of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18009*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 6th*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Theodore Bauch*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *1* Years, *4* Months, Days.
Color, *White* Sex,
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt.*
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } *Ally. Between Canal & Eden near Pratt St.*
Cause of Death, { First (Primary,) *Echolera Infantum*
Second (Immediate,) *Exhaustion*
Duration of Last Sickness, *Three Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Trinity Cemetery*
Date of Burial, *June 7*
{ Undertaker, *A. H. Rorring*
Place of Business, *36 E. Fayette*
Address, *10 E. Can. Lough & Eden St.*
Medical Attendant, *John A. Elliott M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *18010*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 6th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Stella Pistel

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

13 Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baet. Ind.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

No 39 Penn St

Cause of Death,

First (Primary,)

Second (Immediate,)

Convulsions

Duration of Last Sickness,

7 Hours

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

June 7 1877

Undertaker,

Mr. Ringdoff

Place of Business,

Portland & Enoy St

Address

Dr. R. M. Hensley M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18011

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Picker

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 9 Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 7 Penna Ave

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) Uremia }

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, June 8th 1887

Undertaker, Andrew Leitch

Place of Business, 118 Druid Hill Ave

J. M. Keller

M. D.

Medical Attendant.

Address 27 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18012

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Laura Jane Johnson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years,

Color, Colored

Months,

Sex,

Female

5 Days.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

78 Pierce St -

Cause of Death, { First (Primary,) Second (Immediate,) }

Convulsions

Duration of Last Sickness,

About 2 days

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

June 11th 1877

Undertaker,

William H. May

D. M. Eastman M. D.
Medical Attendant

Place of Business,

5 Mulberry

Address Luxington Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Joseph Butcher

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 22 Years,

Color, African Race

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Waiter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Petersburg, Virginia

Duration of Residence in the City of Baltimore,

Two Years

Place of Death, { Give street and number. }

32 Kaburg St

Cause of Death, { First (Primary), Second (Immediate), }

"Consumption"
One year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7th 1877.

Undertaker, Wm H. Bishop Jr.

Place of Business, 113 Smith Hill Ave.

Louis W. Knight M. D.
Medical Attendant.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years,

Color, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 8th 1877

Undertaker, James P. Byrne

Place of Business, 706 63 N. Front St.

Address 224 Carrollton Ave.

5 Days.

J. G. Powell, M.D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ann Coy

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 85

Years, 2.

Months, 2.

Days.

Color, White

Married, ~~Single~~, Widow or ~~Single~~ { Cross out the words not required in this line. }

Sex, Female

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Kent County Maryland

Duration of Residence in the City of Baltimore,

49 years

Place of Death, { Give street and number. }

504 West Baltimore St

Cause of Death, { First (Primary,) Second (Immediate,) }

Paralysis

Duration of Last Sickness,

Congestion of Stomach

All the above information should be furnished by the Physician.

About 7 months

Place of Burial, Mount Olivet - C

Date of Burial, June 8th - 1877

Undertaker, J. N. Blackiston & Son

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker, L. C. Boardman
Place of Business, Park St

Address

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William Henry Chambers

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

One Year

Color,

Colored

Sex,

Months,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Balti. City

Place of Death, { Give street and number. }

Since birth

Cause of Death, { First (Primary,) Second (Immediate,) }

Washington Road

Duration of Last Sickness,

Phtisis Pulmonalis

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 8

Undertaker, Samuel H. Chase

Place of Business, 198 South Howard St.

Reaugh Whitley M. D.

Address

309 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18098*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 8

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edw. H. Hain

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

0

Years,

Two

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Bal. City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

61 E. Canton St.

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Syphilis

Duration of Last Sickness,

Seven days

All the above information should be furnished by the Physician.

Place of Burial,

Holly Cross Cemetery

Date of Burial,

June 8th

1877

John F. Monmouth

M. D.

Medical Attendant.

{ Undertaker,

H. M. G. Meyer

{ Place of Business,

311 Canton St.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 8th 1877

Undertaker, A. H. Gilmeyer

Place of Business, 341 Canton St.

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 6.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Nathaniel A. Tall

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

8

Months,

26

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Calvert County Md

Duration of Residence in the City of Baltimore,

6 weeks

Place of Death,

Give street and number.

90 Johnson St

Cause of Death,

First (Primary.)

Second (Immediate.)

Cholera Infantum

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Calvert Cemetery

Date of Burial,

June 8 1877

Undertaker,

John Tall

Place of Business,

90 Johnson St

Address

116 Hanover

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 789

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Hennecke

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 49 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Car inspector

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

25 years

Place of Death, { Give street and number. }

16 Stockholm St,

Cause of Death, { First (Primary), Second (Immediate), }

Run over by a Car at Camden Station

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 8th

{ Undertaker,

Henry Priole

{ Place of Business,

Hennetta St 81

Address

Harmon & Barr Sts

R. C. Lee M. D.

Coroner & D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18023

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Thirty-three Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. P. Clements

Date of Burial, June 7

{ Undertaker, Charles Straper

{ Place of Business, Pratt Hotel, corner

J. C. Ireland

M. D.

Coroner E. D. Kirk

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18024

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, — June 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jerome Stanley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, — Months, — Days.

Color, Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

5 Amity St. Court

Cause of Death, { First (Primary, Second (Immediate, }

Marasmus

Duration of Last Sickness,

more or less all its life

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St. Cemetery

Date of Burial,

June 8th 1877

Undertaker,

A. Weidenmeyer

Place of Business,

578 1/2 W. Balto St

Address

Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18025

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, {Cross out the word not required in this line.}

Age,

Years,

Color,

Months,

Days.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, {First (Primary,) Second (Immediate,)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18026

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Budzicki

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years,

Color, White 9 Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore city, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 290 S Ann St.

Cause of Death, { First (Primary.) Second (Immediate.) } Enterocolitis

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 8

Undertaker, Wendelin Dippel

Place of Business, S. Bond St. 151

John Rehberger

M. D.

Medical Attendant.

Address 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18028

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Kate Reeridan

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, _____ Years, _____ Months, 20 Minutes

Color, white

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. 13 Valley St

Cause of Death, First (Primary.) Premature Birth
Second (Immediate.) asphyxia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 9th 1887

Undertaker, Harry Hock

Place of Business, Canal St

Address, Commis of Health & Registrar

Amos S. Sturges M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Timothy Reeridan - Father

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Eight

Years,

Six

Months,

White

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus's Cem.

Date of Burial, Jun 9th 77

Undertaker, W. France

Place of Business, No 280 Canton Ave

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

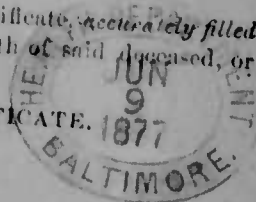
Board of Health, City of Baltimore,

Permit No. 18030

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 8th

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Rose Quillan

Sex, Male or Female,

Cross out the word not required in this line.

Age,

53

Years,

Color,

White

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Ireland

Duration of Residence in the City of Baltimore,

29 years

Place of Death,

Give street and number.

Johns St near St Pauls

Cause of Death,

First (Primary),
Second (Immediate),

Pulmonary Consumption

Duration of Last Sickness,

Three years.

All the above information should be furnished by the Physician.

Place of Burial,

St. James Cemetery

Date of Burial,

June 10th 1877

Undertaker,

Jacob Weaver

Place of Business,

446 Grand Hall Avenue

J. T. Knight

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 45 Years,

Color, White Months,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Days.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, None Pennsylvania 38 years

Place of Death, { Give street and number. }

No 218 E. Madison St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cerebral softening, Cerebral softening.

Duration of Last Sickness,

Several years.

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, June 10th 1877

Undertaker, Henry W. Mears

Place of Business, 115 N. Gay St.

M. W. White, M. D. Medical Attendant. Address 341 A. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18032

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 8th 1877 2 o'clock p. M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Not named. Infant of Barbara & Heinrich Theres

~~Sex~~ Male ~~Female~~, { Cross out the word not required in this line. }

Age, Years, Months, 4 Hours, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } No 12 Calverton Road Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 12 Calverton Road

Cause of Death, { First (Primary.) Second (Immediate.) } Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, 9 June

Dr. C. Steinha M. D.
Medical Attendant.

{ Undertaker, J. P. Pugh

{ Place of Business,

Address 761 West Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 8th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Boehm

Male or Female, { Cross out the word not required in this line. } Female

Years, 0 Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Place of Birth, { State or country (and how long in the United States, if of foreign birth. } - Balto -

Location of Residence in the City of Baltimore,

Place of Death, { Give street and number. } S. Dallas St 126

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Convulsion & Exhaustion

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery John A. Schmitt M. D.

Date of Burial, June 8.))) Medical Attendant.

Undertaker, John W. Soaks

Place of Business, 59. N Wolfe St Address R. E. Lee, Long St, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Sex, Male ~~or Female~~,

Age,

Color,

Married, Single, Widow or Widower,

Occupation,

Birthplace,

Duration of Residence in the City of Baltimore,

Place of Death,

Cause of Death,

Duration of Last Sickness,

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the burial, a Certificate as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18038

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 7th '77

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Elizabeth Holtz

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 62 Years,

Color, White Months, Days.

~~Married, Single, Widow or Widower,~~ Cross out the words not required in this line. Widows

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Miss

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. 389 Park Ave

Cause of Death, First (Primary), Second (Immediate), Heart Disease. Supposed Valvular.

Duration of Last Sickness, Death, Sudden.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem. J. H. Miller.

Date of Burial, June 9th '77

Undertaker, J. H. Blizzard

Place of Business, 201 Penna Ave

Address

Dr. A. Greene Ch.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 8th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Mina Oliver

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

5 Months,

Days.

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

White

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 5 N Eden St

Cause of Death, { First (Primary,)

Second (Immediate,)

Cholera Infantum
2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 9th 1877

Undertaker,

Ch. Rogers

Place of Business,

1266 Fayette St.

Address

J. Ridgway Andre M. D.
Medical Attendant.
1212 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward N Costello

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 34 Years, _____ Months, _____ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number. } 94 S Carey St

Cause of Death, { First (Primary.) Second (Immediate.) } Doubt Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 10th 1877

{ Undertaker, Chas J Driscoll Address 1110 Calhoun & Fayette

{ Place of Business, 271 N. Euterpe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18038

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

5 Months,

Color,

White,

Sex,

Female,

12 Days.

Married, Single, ~~Widow~~ or ~~Orphan~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Alphonsus Cem*

Date of Burial, *June 9th 1877*

Undertaker, *Chas^s Scriven*

Place of Business, *2717 Eutan st* Address

J. F. Ingle M. D.
Medical Attendant.

247 Llewellyn st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 18039

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~June 11th~~ 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ~~Emma~~ Emma Rebecca Armistead

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 9 Months, 5 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

499 W. Lombard

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus

Duration of Last Sickness,

Two months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, June 9

{ Undertaker, J.B. Cook

John Keefe

M. D.

Medical Attendant.

{ Place of Business, 707 W. Baltimore

Address

558 W. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18040

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 9 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Lillian L. Pollock

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years,

Color, White Months, Days,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore, Life time

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 225 Bank St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baita Cemetery

Date of Burial, June 10th 1877

{ Undertaker, Hughes & Co

{ Place of Business, 65 Broadway

Address 279 E. Baltimore St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18041

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 9th 77*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Josephine Sillinger*
Sex, *Male* or *Female*, { Cross out the word not required in this line. }
Age, *4* Years, *1* Months, *—* Days.
Color, *White* Sex, *Female*
~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }
Occupation, *—*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto. City*
Duration of Residence in the City of Baltimore, *4 yrs. 1 mo.*
Place of Death, { Give street and number. } *301. Durham. st*
Cause of Death, { First (Primary), Second (Immediate), } *Scarlatina Anginosa*
Poisoning
Duration of Last Sickness, *11 days*
All the above information should be furnished by the Physician.
Place of Burial, *H. Alphonsus Cem.*
Date of Burial, *June 10. 1877.* *W. B. O'Reilly* M. D.
Medical Attendant.
{ Undertaker, *H. Hoffmann*
{ Place of Business, *63 N. E. Corner* Address *435. N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 18042

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 9th - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanche Henderson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 17 Years, 11 Months, 20 Days.

Color, _____

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 17 years - 11 months - 20 days

Place of Death, { Give street and number. } 73. N Broadway

Cause of Death, { First (Primary.) Second (Immediate.) } Therapula - Abscess of chest -

Duration of Last Sickness, 9 years -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 11th - 1877

Undertaker, The Fry

Place of Business, Broadway & Thayer

Address Broadway & Thayer

Madin 15

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

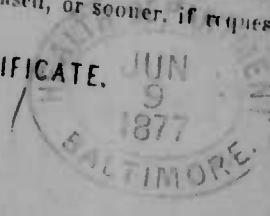
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 180443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 9th 1877

Full Name of Deceased, Minnie E. Johnson

Sex, Male or Female, Female

Age, Years, 5 Months, Days, 10

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth)

Duration of Residence in the City of Baltimore, Baltimore city

Place of Death, Give street and number, No 284 N Bond st

Cause of Death, First (Primary,) Cholera Infantum

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 10th 1877

Undertaker, Geo S Hughes

Place of Business, 66 E Balto

Address, No 121 E Balto, M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18044

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 7th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Margdaline Zutter

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

53

Years,

Months,

Days.

Color,

White

~~Married, Single, Widow or Widower,~~

Cross out the words not required in this line.

Occupation,

Housekeeper

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

25 years

Place of Death,

Give street and number.

Fayette street near Pearl St.

Cause of Death,

First (Primary),
Second (Immediate),

Intestinal Inflammation

Duration of Last Sickness,

Eleven days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

June 10th 1877

Henry Darling

M. D.

Medical Attendant.

Undertaker,

P. Hummert

Place of Business,

118 Mulberry St.

Address

143 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 180415

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Catherine Zell 9th June
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Zell
Sex, Male or Female, { Cross out the word not required in this line. } female
Age, _____ Years, 4 Months, 6 Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore 175
Duration of Residence in the City of Baltimore, _____
Place of Death, { Give street and number. } Cor. Bakers Court & N. York St.
Cause of Death, { First (Primary,) Starvation
Second (Immediate,) Exhaustion }
Duration of Last Sickness, 8 days
All the above information should be furnished by the Physician.
Place of Burial, Louisa Park
Date of Burial, June 10th 1877
{ Undertaker, P. Hummel
Place of Business, 317 Mulberry St }
Address 224 W Fayette Street
S. F. Pinckard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18046

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 8th, 1877
 Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. William L. F. Pasquay
 Sex, ~~Male~~ or Female, Cross out the word not required in this line. Male
 Age, Seven Years, Six Months, Eight Days.
 Color, White Sex, Male
 Married, Single, Widow or Widower, Cross out the words not required in this line. —

Occupation, —
 Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore, Md.
 Duration of Residence in the City of Baltimore, Two Months
 Place of Death, Give street and number. No. 70 St. Bond St.
 Cause of Death, First (Primary,) Second (Immediate,) Malignant Scarlet Fever
 Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet
 Date of Burial, June 9th, 1877
 Undertaker, Wm. H. Hickman
 Place of Business, 2340 Gay St.
 Address, No. 102 N. Broadway
 M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Ernest Dodson

Sex, Male or Female, { Cross out the word not required in this line. } (Female)

Age, _____ Years, _____ Months, 10 Minutes

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 228 Vine Street

Cause of Death, { First (Primary.) Puerperal Birth
Second (Immediate.) Asphyxia

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 9th 1877

{ Undertaker, H. W. Brander Address, Commis of Health
{ Place of Business, East St Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and death of illegitimate children.

Information by Charlotte Warner [Signature]

Board of Health, City of Baltimore,

Permit No. 18048

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 8

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Lucy Morrow

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 14 Months, 18 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 212 Penn ave

Cause of Death, { First (Primary,) Tubercular meningitis
Second (Immediate,) }

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Whiting~~ ^{County} G L Careyhill

Date of Burial, June 10th 1877 M. D.

{ Undertaker, ~~Charles F. ...~~ Address 129 W Biddle
Place of Business, 2718 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Trans 1990)

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years,

Color, White Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None Married

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Thirty (30) Years

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 10th 1877

{ Undertaker, Wm. Nicolais }

{ Place of Business, 258 Alice Street, Address }

C. L. McKim M. D. Medical Attendant.

W. P. Brady

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18050

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 8th 1877

Full Name of Deceased,

William Shipley

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

One

Years,

Six

Months,

7

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

None

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

No 198 Raborg

Cause of Death,

{ First (Primary), Second (Immediate), }

Tubercular Meningitis
Coma

Duration of Last Sickness,

(Actively) 4 days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 10th 1877

Undertaker,

Wm. H. Jungel

Place of Business,

116 E. 62 East St.

Robert H. Miffelin M. D.
Medical Attendant.

Address 427 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color, / Years,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

6 Months,

Days.

Black

Balls, Md.

Whole life

87 Stirling St.

Cholera Infantum
6 days

Silas M. Hamlin M. D.
Medical Attendant.

Address 111 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *18052*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 8th '77*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Edwin Herbert Whiteside*

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, *1* Years, *3* Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *MD*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *466 Mulberry St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *June 9th*

{ Undertaker, *J. B. Cook*

{ Place of Business, *707 W. Baltimore St.*

J. H. Miller

M. D.

Medical Attendant.

Address *87 N. Greene St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18053

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell
correctly. If an infant
not named, give names
of parents.

Sex, Male or Female, { Cross on the word not
required in this line. }

Age, 9 months Years,

Color, / *white* Sex,

Married, Single, Widow or Widower, } Cross out the words not }
 } required in this line. }

Occupation,

Birthplace, { State or country (and how
long in the United States, if
of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and
number. }

Cause of Death, { First (Primary,)
 { Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

(Undertaker,

(*Place of Business,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 180324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria C. Howak
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, 1 Years, 8 Months, — Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 38 Barnes St
Cause of Death, { First (Primary,) Ventilation
Second (Immediate,) Convulsions
Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus
Date of Burial, June 9 1877
{ Undertaker, H. Heck
Place of Business, Central Ave
Address, Commis of Health
H. Heck

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by H. Heck - Undertaker [over.]

Board of Health, City of Baltimore,

Permit No. 18153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9: 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fredk. Christof. Henry Bohne

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 9 1/2 Years, 3 Months, Days.

Color, white Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Neustadt an Reubenberg, Prussia

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, { Give street and number. } No 85 Pearl St

Cause of Death, { First (Primary,) Second (Immediate,) } Tubercula Phthisis

Duration of Last Sickness, About ten (10) months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, June 11th 1877

{ Undertaker, Joseph B. Cook

{ Place of Business, 207 W. Balt. St.

Address

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18056

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles King

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

6

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

294 Eastern Ave.

Cause of Death, { First (Primary,) Second (Immediate,) }

Marasmus

Duration of Last Sickness,

Do not know

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Church

Date of Burial, June 10th 1877

Undertaker, H. M. Gibney

Place of Business, 341 Canton St.

James S. H. Shaw, M. D.
Medical Attendant.

68 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 18057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 9th 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hannah Furlong

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland
Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

131 Harford Ave.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Whooping Cough
Chronic Bronchitis

Duration of Last Sickness,

10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 10 1877

Geo. Brooke Byrne M. D.
Medical Attendant.

{ Undertaker, James P. Byrne

{ Place of Business, 110 63 N. Front St

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 181158

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 8th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mrs Catharine Kenney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62 Years,

Color, white Months, Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

27 years.

Place of Death, { Give street and number. }

180 N. High St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Heart

Duration of Last Sickness,

Dropsy
One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 10 1877

{ Undertaker, James P. Byrne

{ Place of Business, No 63 N Front St

Geo Brooke Boyle

M. D.

Medical Attendant.

Address 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18059

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Frederick W Monttop

Sex, Male ~~or Female~~, Cross out the word not required in this line.

Age, 60 Years, 9 Months, 9 Days.

Color, White Sex, Male

Married, ~~Single, Widow or Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Brookville Conn

Duration of Residence in the City of Baltimore, Nine months

Place of Death, Give street and number. 630 Lexington St

Cause of Death, First (Primary,) Second (Immediate,) Softening of the brain

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, New Haven Conn

Date of Burial, Jun 11th 1877

Undertaker, Hughes & Co

Place of Business, 3150 Hayes St Address 626 Lexington St

J. C. Shiner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 791

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18060

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Adams

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, _____ Years, _____ Months, 9 Days.
Color, Cal^d

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 64 Jasper St

Cause of Death, { First (Primary,) Second (Immediate,) } Unknown
Duration of Last Sickness, all its life

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 10 1877 James A. Steens M. D.

{ Undertaker, W. J. Gray

{ Place of Business, Mulberry St Address, Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by W. J. Gray Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ophelia Thomas -
 Sex, Male or Female, { Cross out the word not required in this line. } Female -
 Age, 1 Years, 2 Months, 8 Days.
 Color, yellow - Sex, Female
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } not -
 Occupation, none
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
 Duration of Residence in the City of Baltimore, Indes Alley - Since birth
 Place of Death, { Give street and number. } Indes Alley
 Cause of Death, { First (Primary,) Pharyngeal Laryngitis
 { Second (Immediate,) Exhaustion
 Duration of Last Sickness, Three weeks -
 All the above information should be furnished by the Physician.

Place of Burial, Larnet Cemetery B. J. Grove M. D.
 Date of Burial, June 10th 1877 Medical Attendant.
 { Undertaker, William S. Gray Address 248 Carey St.
 { Place of Business, 65 Mullbury St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18062

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann M. Stanley
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 8 Years, Months, Days.
Color, Col d

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Post Father of a deceptor

Permit No. 18063

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edmund Levy

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

17 Months,

16 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto city

Duration of Residence in the City of Baltimore,

life

Place of Death, { Give street and number. }

11 N Stricker St

Cause of Death, { First (Primary), Second (Immediate), }

Scarlet Fever & Tetanus
Convulsions
36 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St Clement Cemetery

Date of Burial,

June 10th 1877

Undertaker,

John H. Hatcher

Place of Business,

No 150 Lombard

Address

76 S Race St

J H Sumner

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1897
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bena Rosenthal
Sex, ~~Male~~ Female, { Cross out the word not required in this line. } Female
Age, one Years, eight Months, one Days.
Color, White Sex, Female
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, { Give street and number. } No 329 E. Bager St
Cause of Death, { First (Primary,) Second (Immediate.) } Congestion of the Brain
Convulsions
Duration of Last Sickness, Two days
All the above information should be furnished by the Physician.
Place of Burial, Hebrew Burial Society
Date of Burial, 10th June J. H. Bolton M. D.
Medical Attendant.
{ Undertaker, Address } Adam Smith S. E. Cor. Gay & Carroll St.
{ Place of Business, } 161 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18066

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 9, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Hattie May Smith.

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

5

Months,

14

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

33 Collington Aven.

Cause of Death, { First (Primary,) Second (Immediate,) }

Acute meningitis

Duration of Last Sickness,

Three days.

All the above information to be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 10, 1877

Undertaker,

W A Daigh

Place of Business,

74 B'way

Address

Abraham B. Allcock, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18067

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 9th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Rose Doyle

Sex, Male or Female,

{Cross out the word not required in this line.}

Female

Age,

Years,

6

Months,

26

Days.

Color,

White

Married, Single, Widow or Widower,

{Cross out the words not required in this line.}

Single

Occupation,

None

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{Give street and number.}

149 Elliott St.

Cause of Death,

{First (Primary.)}

{Second (Immediate.)}

Cholera Infantum

Duration of Last Sickness,

Do not know, saw the case but once previous to death

All the above information should be furnished by the Physician.

Place of Burial,

St Patrick Cemetery

Date of Burial,

June 10th

Undertaker,

H. W. Means

Place of Business,

40 W. Jay St.

Address

68 S. Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th. 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary Munk

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, Years, 13 Months, Days.

Color, white

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Balt. Med.

Place of Death, Give street and number. 66 N. Wash. St.

Cause of Death, First (Primary), Second (Immediate), Convulsion of the brain.
Convulsions
A few hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Stephen's Cem.

Date of Burial, June 11.

Undertaker, John Brown.

Place of Business, 77 S. Holl. St.

G. C. Rusk

M. D.

Medical Attendant.

Address Balt. & Wash. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18069

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph H Bell

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

2

Years,

8

Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Entire life time

Place of Death, { Give street and number. }

123 N. Frank

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlatina

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

June 10th 1877

{ Undertaker,

William R. Jones

{ Place of Business,

No 110 N. Frank

D W Cathell

M. D.

Medical Attendant.

Address

110 N. Frank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18070

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 9 Months, Days.

Color, Dark

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore Maryland

Duration of Residence in the City of Baltimore, 1 year 9 mos.

Place of Death, { Give street and number. }

238 Vine St.

Cause of Death, { First (Primary), Second (Immediate), }

Dysentery

traumatic convulsion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11th 1877

Undertaker, Wm. A. Langer

Place of Business, No 4 North Street

James Billingslea M.D.
Medical Attendant.

Address 231 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18071

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Fuller

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) } Spasm

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, June 10th 1877

{ Undertaker, W. A. Dungee
Place of Business, 10 Hochstetler Alley

James A. Stearns M. D.
Registrar

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

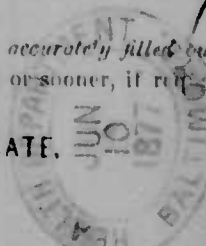
Permit No. 18072

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Louisa Walker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Two Years, Eight Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Nurse

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 246 Hancock Street Baltimore

Duration of Residence in the City of Baltimore, Two years & eight months

Place of Death, { Give street and number. } 246 Hancock Street

Cause of Death, { First (Primary.) Measles
Second (Immediate.) Capillary Bronchitis

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, June 11th

Undertaker, J. N. Toll

Place of Business, 131 Hancock St

Address 253 Hancock Street
Baltimore City

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18073

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza A. M. Elzey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 16 Years, 4 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Sharptown Md.

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, { Give street and number. } 368 William St.

Cause of Death, { First (Primary,) } Typhoid
{ Second (Immediate,) } fever

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Delaware

Date of Burial, Jun 11th 1877

{ Undertaker, C. F. Krause
Place of Business, 209 Hammer St. }

Address 108 S. Sharp St.

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Permit No 792

[OVER.]

Board of Health, City of Baltimore,

Permit No. *18074*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Francis Albert Soper

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, / Years, // Months, 22 (22) Days.

Color, *White*

Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

whole life

Place of Death, { Give street and number. }

211 Carrollton ave

Cause of Death, { First (Primary,) Second (Immediate,) }

*Meningitis
Convulsions*

Duration of Last Sickness,

Eight

days

All the above information should be furnished by the Physician.

Place of Burial, *Lincoln Park Cemetery*

Date of Burial, *Jun 11th 1877*

J. E. Gibbons

M. D.

Medical Attendant.

{ Undertaker, *Hughes & Co*

{ Place of Business, *5370 Fayett St*

Address *47 Edmondson ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 181175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Moses Katz

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, Years, Six Months, Days.

Color, White Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, X

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 164 S. Broadway

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,)

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Harsina Cemetery Bel Air Road

Date of Burial, June 12th 1877

Undertaker, M. Langood No. 410

Place of Business, 81 South St

Address N. E. on Broadway, & Pratt.

John S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 18076

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Maggie Macall
 Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
 Age, 13 Years, Months, Days.
 Color, Coll

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Calvert Co Md
 Duration of Residence in the City of Baltimore, 11 years
 Place of Death, { Give street and number } Clarksons ally

Cause of Death, { First (Primary,) Second (Immediate,) } Congestion of Brain
 Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
 Date of Burial, June 11 1877
 Undertaker, Hercules Paves
 Place of Business, West St

Address Commis of Health
 Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information of Sarah Macall Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 10th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Edward L. Dorsey

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

9

Months,

20

Days.

Color,

White

Sex,

Male

Married, Single, Widowed, or Widower,

~~Widowed~~

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

95 Albemarle

Cause of Death,

First (Primary,)

Pertussis.

Second (Immediate,)

Duration of Last Sickness,

4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial,

High Cross Cemetery

Date of Burial,

June 11th 1877

Undertaker,

Wm. P. Hyne

Place of Business,

43 Front St

Address

73 E. Baltimore St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cecilia - Dixon
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, 1 Years, 6 Months, 24 Days.

Color, White
 Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
 Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 137 S Stricker St -

Cause of Death, { First (Primary.) } Congestion of Brain
 { Second (Immediate.) } Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park
 Date of Burial, June 11th
 { Undertaker, Black & Son } M. D. Registrar
 { Place of Business, 606 W. Baltimore St. } Medical Attendant.

Address, J. M. Callahan, Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18079

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Catharine Ann Day.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, Six Months, 12 Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore, Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 426 W. Lexington St. near Poppleton

Cause of Death, { First (Primary,) Second (Immediate,) } Marasmus.

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 11 Hummer & Fox M. D. Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore Address S. E. Cor. Greene & Mulberry St. Baltimore, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 10. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Margaret Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

73

Years,

Months,

Days.

Color,

White

Sex, as above.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

721 Madison Ave

Cause of Death, { First (Primary,) }

Colitis

{ Second (Immediate,) }

Cholera

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Greenwood Cemetery

Date of Burial,

June 11th 1877

{ Undertaker,

Stewart & Haines

{ Place of Business,

30 Park Ave

Address

220 Linden Ave

L. R. Page

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18081

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John B. Long

Sex, Male or Female,

Cross out the word not required in this line.

Age,

21

Years,

Months,

Days.

Color,

Colored

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Don't Know

Occupation,

Convict

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Don't Know

Duration of Residence in the City of Baltimore,

1 Year

Place of Death,

Give street and number.

Maryland Reunion Hall

Cause of Death,

First (Primary,)

Second (Immediate,)

Consumption

Duration of Last Sickness,

6 Months

All the above information should be furnished by the Physician.

Place of Burial,

Elmwood

Date of Burial,

June 9th

Undertaker,

Charles Striper

Place of Business,

Pratt & Chester

Address

166 Eager St

per W. H. Kerson

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 180 82

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. *voekmar*

Date of Death,

June 10th

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Gustav A Voekmar

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

six

Months,

23

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

No 17 W. High st

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

*Cholera infantum
D. Carstairs
Pre-natal*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 11th 1887

Undertaker,

Jas P. Byrne

Place of Business,

63 Front St

Address

12 S. Eden st

J. C. Henderson

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18083

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10 1899
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Hastings
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, Years, 4 Months, 19 Days.
 Color, white
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } city
 Duration of Residence in the City of Baltimore,
 Place of Death, { Give street and number. } 114 S Irish St.
 Cause of Death, { First (Primary.) Acute Meningitis
 { Second (immediate,) }
 Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery
 Date of Burial, June 11th
 { Undertaker, Geo Schilling
 { Place of Business, Ashland Square
 Address
 Abraham M. Arnold M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18084

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 10th 1877.
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Reed.
 Sex, Male or Female, { Cross out the word not required in this line. } Female.
 Age, 2 Years, 6 Months, Days.
 Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 3 years & 6 months.

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Scarlet fever.
 Second (Immediate,) Diphtheritic Croup.

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Oliver Cemetery

Date of Burial, June 11th 1877

Undertaker, Thos. J. Hughes

Place of Business, 60 E. Baltimore

Dr. H. Jones M. D.
 600 Sticks & Prussia Medical Attendant.

Address Dr. Knight Jr.
 Green St. near Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18085

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 5 Months, Days.

Color, Cold

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 17 Pine Alley

Cause of Death, { First (Primary,) Second (Immediate,) } Chol Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 11 1877 James A. Stearns M. D.

Undertaker, W. L. Gray

Place of Business, Mulberry St Address Commissioner of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by W. L. Gray Undertaker [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Fredrick Parsinger

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Male

Age, _____ Years, 11

Months, 10

Days.

Color,

White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 429 Canton Avenue

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 11th

Undertaker, Henry Froehlich

Place of Business, 246 Eastern A

Thomas J. Evans M. D.

Medical Attendant

Address No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1808

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Bradford Benson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Two Months, Eight Days.

Color, ~~red~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } Duncan Alley 63

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheria

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 11th 1877

{ Undertaker, John W. Lock

{ Place of Business, 55 Wolfe St

E. C. Baldwin M. D. Medical Attendant.

Address 124 N. E. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Thomas

Sex, ~~Male~~ Female, { Cross out the word not required in this line. } Female

Age, 49 Years, Months, Days.

Color, Colored

~~Married~~, Single, ~~Widow or Divorced~~, { Cross out the word not required in this line. } Single

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cambridge - Maryland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number. } No 26 Jackson Square Avenue

Cause of Death, { First (Primary,) Cancer of the breast
Second (Immediate,) (Malignant Scirrhus)

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, June 11th 1877

{ Undertaker, John W. Locks
Place of Business, 57 Wolff

Thomas J. Evans M.D.
Medical Attendant

Address No 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18089

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Dorsey
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, 35 Years, Months, Days.
Color, Col^d

~~Married~~, Single, ~~Widow~~, or ~~Widower~~. { Cross out the words not required in this line. }
Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 166 Eastern Ave

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption
Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Church James Stewart M. D.
Date of Burial, June 11th 1877

{ Undertaker, L. W. Locks } Address Corn of Health
{ Place of Business, 104th St } & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Supervisor John W. Locks Undertaker {OVER}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 9th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Krieg

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 8 months Years, Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Babe

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Thames Street No 34.

Duration of Residence in the City of Baltimore, since his birthday

Place of Death, { Give street and number. } Thames Street. Baltimore

Cause of Death, { First (Primary,) Second (Immediate,) } Dentition

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 11th 1877

{ Undertaker, Leonard Vurr
Place of Business, S. Bonds Street No 277.

Address

Ernst Homel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

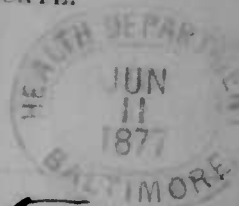
Permit No. 18091

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 10 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annie C. Hartenstein

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Years,

10

Months,

24

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

2. Spruce Alley
Bremen disease

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

4 days.

All the above information should be furnished by the Physician.

Place of Burial,

S. Elizabeths Cemetery

Date of Burial,

June 12 1877

Abraham B. Arnold M.D.

Medical Attendant.

Undertaker,

Leonhard Vöhr

Place of Business,

S. Bond St. N.E. 277.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18092

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Shackelford

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 13 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Never~~, { Cross out the word not required in this line. } Widowed

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Cecil Co

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } 290 Light St

Cause of Death, { First (Primary) } Cancer of Uterus

Duration of Last Sickness, 9 years

All the above information should be furnished by the Physician

Place of Burial, North East Station

Date of Burial, June 12, 1877

Undertaker, Charles F. Herold

Place of Business, 1161 Hanover St Address 1161 Hanover St

Medical Attendant, Geo. W. Benson M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 795

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18093

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 77
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah M. Miles
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
 Age, 74 Years, 6 Months, 15 Days.
 Color, white Sex, Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City -

Duration of Residence in the City of Baltimore, 8

Place of Death, { Give street and number. } Tremont & Townsend

Cause of Death, { First (Primary,) Apoplexy.
 { Second (Immediate,)

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Emmitsburg Md

Date of Burial, June 12th 1877

G. E. Chatard M. D.
 Medical Attendant.

{ Undertaker, H. W. Jenkins son

{ Place of Business, 16 Light St.

Address

114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 794

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 10 1874

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Ida Virginia Barker

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

21

Months,

10

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

158 York St

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

158 York St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Capillary Bronchitis
3 Week

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Wash Cemetery

Date of Burial,

June 11 1874

Undertaker,

W. H. Chase

Place of Business,

179 Howard

Address

Geo. A. Pennington M. D.
Medical Attendant
144 Hancock
City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 18095

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 10 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daniel Jones
 Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
 Age, 9 Years, _____ Months, _____ Days.
 Color, Black Sex, Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } No 6 Roburg St Back

Cause of Death, { First (Primary,) Bright's Disease
 Second (Immediate,) congestion of lungs

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Marple Cemetery

Date of Burial, June 11 77

A. A. Johnson M. D.
 " " Medical Attendant

{ Undertaker, W. H. Jones

{ Place of Business, 198 S. Howard St Address 594 Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18096

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 9th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Walter A. Hammond

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

4

Months,

Color,

Col'd

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

372 W. Lombard St Baltimore City

Duration of Residence in the City of Baltimore,

4 months

Place of Death,

Give street and number.

197 W Saratoga

Cause of Death,

First (Primary,)

Suspicious

Second (Immediate,)

Cholera Infantum

Duration of Last Sickness,

48 hours

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 11 77

Dr. E. Clayton

M. D.

Undertaker,

W. H. Case

Medical Attendant.

Place of Business,

14 P. St.

Address

18 S Eutan St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 9 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Harshah Williams

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

10

Months,

Days.

Color,

Brown

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltic

Duration of Residence in the City of Baltimore,

During life

Place of Death,

{ Give street and number. }

66 Belmore Alley

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Acute Hydrocephalus
5 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Lance Cemetery

Date of Burial,

June 14 1877

Undertaker,

J. H. Chase

Place of Business,

118 Howard St

Address

262 Sharp St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18098

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 10. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Sines

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 11 Hours Days

Color, ~~White~~ Colored. Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 52 Greenwillow St

Cause of Death, { First (Primary,) Asphyxia
Second (Immediate,) Pulmonary Stenosis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenwillow St~~

Date of Burial, June 12 1877 B. B. Browne M. D.
Medical Attendant.

{ Undertaker, J. J. Howard

{ Place of Business, 307 Madison St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

Permit No. 1811 99

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9th June 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lloyd Sharpen.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Sixty three Years,

Color, Black.

Sex,

Months,

Days.

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, Porter and Carpet Cleaner.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Sixty three years.

Place of Death, { Give street and number. } No 8 Garden St.

Cause of Death, { First (Primary,) Cancer
Second (Immediate,) Cancer.

Duration of Last Sickness, about one year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12 77

McLean Bibler

M. D.

Medical Attendant.

{ Undertaker, W. H. Chase

{ Place of Business, 113 Howard St

Address

47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 18100

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 9th 1897*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Henry Downs*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *Three* Years, *Six* Months, Days.

Color, *Colored* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *All his life*

Place of Death, { Give street and number. } *1014 Barnet Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Whooping Cough*
Cerebral Meningitis

Duration of Last Sickness, *Twenty hours.*

All the above information should be furnished by the Physician.

Place of Burial, *General Cemetery*

Date of Burial, *June 11 97*

{ Undertaker, *J. H. H. H. H.* Address *1014 Barnet Street*

{ Place of Business, *1885 Howard Street*

J. H. H. H. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18101

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 8 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

John J. Gross

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

5

Years,

Months,

Days.

Color,

Dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt.

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

215 S. Howard St.

Cause of Death, { First (Primary),
Second (Immediate), }

Sand fever

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial,

St. Paul Cemetery

Date of Burial,

June 10. 77

{ Undertaker,

W. M. Chase

{ Place of Business,

154 S. Howard St.

Address

262 S. Sharp St.

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18102

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

6th mo 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hannah Kenney

Sex, Male or Female, { Cross out the word not required in this line. }

female

Age,

48 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Music.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Baltimore.

Place of Death, { Give street and number. }

83. Pearl St.

Cause of Death, { First (Primary), Second (Immediate), }

Open Cancer of Right Breast

died from exhaustion loss of blood

Duration of Last Sickness,

about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Friends Grave

Date of Burial, 6th mo. 11 1877

Wm. Riley

M. D.

Medical Attendant.

{ Undertaker,

Weaver

{ Place of Business,

David Hill St.

Address

47 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18103

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 9, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Nesley Boyce

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

27

Years,

Months,

Days.

Color,

Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

212 Chestnut Alley -

Cause of Death, { First (Primary.)
Second (Immediate.) }

Burn -
Tetanus.

Duration of Last Sickness,

14 days.

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

June 11th 1877

{ Undertaker,

Wm J Gray

{ Place of Business,

65 Mulberry St

Address

383 Franklin St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *18104*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Irving Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, *25* Years,

Months,

Days.

Color, *Black*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Married

Occupation, *Labourer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baranah

Duration of Residence in the City of Baltimore,

2 years

Place of Death, { Give street and number. }

9 Salisbury Alley

Cause of Death, { First (Primary), Second (Immediate), }

Probably Typhus Fever

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *June 10 1877*

D Webster Cathers M. D.
Medical Attendant.

{ Undertaker,

{ Place of Business,

Wm of Dwyer
162 East St

Address

162 E. Euter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Elizabeth John Booker

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, one Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 252 Hanover St

Cause of Death, { First (Primary,) Premature Birth - (6 mos
Second (Immediate,) Asthma

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, June 12th 1877 James A. Stearns M.D.

{ Undertaker, H. Brice } Address Commr of Health

{ Place of Business, Remond St } Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information John Booker Father [O.V.N.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 10th 7:30 P.M.
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Bruce
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, Years, 13 Months, Days.
 Color, White
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
 Duration of Residence in the City of Baltimore, Life time
 Place of Death, { Give street and number. } 925 Thames
 Cause of Death, { First (Primary,) Tuberculous Meningitis
 { Second (Immediate,) Eclampsia
 Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery
 Date of Burial, June 11th 1877
 { Undertaker, H. H. Gilmeier
 { Place of Business, 341 Canton St.
 James E. Druille M. D.
 Medical Attendant.
 Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 10th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Henry Christ

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, nine Months, 10 Days.

Color, white Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, His life -

Place of Death, { Give street and number. } No. 27. Collingwood Avenue

Cause of Death, { First (Primary,) Marasmus
Second (Immediate,) }

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Alexandria, Va

Date of Burial, June 11 1877

Undertaker, C. H. Krause

Place of Business, 209 Hanover st

A. J. Bell

M. D.
Medical Attendant

Address 36 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 796

[OVER.]

Permit No. 18108

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Unknown*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Unknown*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *about 40* Years, _____ Months, _____ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Unknown*

Occupation, *Sailor*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Supposed to be Italy*

Duration of Residence in the City of Baltimore, *short*

Place of Death, { Give street and number. } *Basin*

Cause of Death, { First (Primary,) Second (Immediate,) } *Drowned*

Duration of Last Sickness, *Unknown*

All the above information should be furnished by the Physician.

Place of Burial, *W. Public Cemetery*

Date of Burial, *June 8th*

{ Undertaker, *M. H. Perry* } *N. W. C.* *R. C. Lee M. D.*

{ Place of Business, *448 East* } Address *Harmon Barr St* *Caraman*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *unknown*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *unknown*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *about 46* Years, *—* Months, *—* Days.

Color, *Caucasian*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *unknown*

Occupation, *Sailor*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *unknown*

Duration of Residence in the City of Baltimore, *unknown*

Place of Death, { Give street and number. } *Basin*

Cause of Death, { First (Primary,) Second (Immediate,) } *Drowned*

Duration of Last Sickness, *unknown*

All the above information should be furnished by the Physician.

Place of Burial, *Public Cemetery*

Date of Burial, *June 9th*

{ Undertaker, *H. H. & Son* Place of Business, *44 & Pratt St* }

Address *Harvard & Barn St*

R. C. Lee M. D.
Medical Attendant.
Cameron & D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

CERTIFICATE OF DEATH



Date of Death, June 9th 1877

Full Name of Deceased, Emory James

Sex, Male or Female, Male

Age, 36 Years

Color, Black

Married, Single, Widow or Widower, Single

Occupation, Laborer

Birthplace, Kent, County Maryland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, No 235 N Duham St

Cause of Death, Cancer of Liver

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11th 1877

Undertaker, William H. Surge

Place of Business, No 62 East St

Address Broadway

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18111

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

65

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Widow

Occupation,

None

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

34 years

Place of Death,

{ Give street and number. }

187 J. Ann Street

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Acute Decay

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem.

Date of Burial,

June 12th 1877

Undertaker,

Michael Francis

Place of Business,

280 Canton Ave

Address

60 J. P. Roadway

James J. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18112

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

St. Alphonsus Church

June 11 1877

Michael Frank

280 Canton Ave

June 10th 1877
Ella Roberts

Female

6

White

Single

None

Baltimore

Since birth

221 I. Register St.

Cholera Infantum
Collapse

Do not know

James L. Shaw M. D.
Medical Attendant

W. A. Roadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18113

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 11 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida Pumphrey
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, 23 Years, 11 Months, Days.
 Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }
 Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 38 Mulberry St

Cause of Death, { First (Primary,) Second (Immediate,) } Albuminuria

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Greenwood Cemetery

Date of Burial, June 12 1877 Dr. W. H. M. D. Medical Attendant.

Undertaker, Mr. John H. Hearer

Place of Business, 22 N. Fayette St Address 171 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Hooper

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 6 Days.

Color, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), } Convulsion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery, James A. Stewart M. D.

Date of Burial, June 12th 1877

{ Undertaker, W. H. Burge, Address, Commis of Health & Registrar
Place of Business, East St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Alex H. Hooper Father [OVER.]

Board of Health, City of Baltimore,

Permit No. 18115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 11th
Elizabeth Clark

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 5 2 Years, 2 Months, 7 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

36 years

Place of Death, { Give street and number. }

227 1/2 S. Charles

Cause of Death, { First (Primary), Second (Immediate), }

Paralysis
9 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Wednesday 13 1877

Felix J. Jenkins M. D.
Medical Attendant.

Undertaker, Henry Meyer

Place of Business, 106 N. Howard St.

Address 2 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18116

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minna Rosenthal.
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, ~~5th~~ 0 Years, 5 Months, 11 Days.
Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 254 N. Central Ave.

Cause of Death, { First (Primary,) } Convulsions
{ Second (Immediate,) } 31 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Co.

Date of Burial, June 12, 1877

{ Undertaker, Henry Kolk

{ Place of Business, 309 Central Ave.

George H. Rohlf, M. D.
Medical Attendant.

Address 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 18117

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 11th, 1917

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lulie Rector

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

4

Years,

10

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Boltr. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

237

East Fayette St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Scarlet Fever.

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore.

Date of Burial, June 24th 2 P.M.

{ Undertaker, Mr. R. Hall

{ Place of Business, 233 E. Baltimore St.

John F. Monahan M. D.
Medical Attendant.

Address 5 W. Calvert & Head St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18118

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Webster Martin

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, . . . 6 Months, Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 10 N. Castle St.

Cause of Death, { First (Primary.) } Near as mumps
{ Second (Immediate.) } Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12 1877

{ Undertaker, William A. Emyme
Place of Business, 62 East St }

Address, Balt. & Wash. St.

H. G. Rush M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18119

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Thomas.

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 60 Years, Months, Days.

Color, White, Sex, Female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Lady.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } German town Pa.

Duration of Residence in the City of Baltimore, five weeks.

Place of Death, { Give street and number. } 57 E. Lexington Street.

Cause of Death, { First (Primary,) Unknown to me, { Second (Immediate,) Lumbago in its efforts.

Duration of Last Sickness, about a year.

All the above information should be furnished by the Physician.

Place of Burial, Howell C. Cicill's.

Date of Burial, June 12th 1877. M. D.

{ Undertaker, Wm. Gray. Medical Attendant.

{ Place of Business, 54 N. Broadway. Address 57 E. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 797

[over.

Permit No. 18120

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Albert Spielman.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 9 Days.

Color, White.

Married, Single, Widower or Widow, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } N 301 Saratoga St.

Cause of Death, { First (Primary.) Second (Immediate.) } Cholera Infantum.
Spurious Hydrocephalus.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery.

Date of Burial, June 14th 1877.

Undertaker, D. Bejer

Place of Business, N. 78 S. Broadway.

L. C. Horn M. D.
Medical Attendant.

Address N 226 Mulberry St.
per J. W. H.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No. 1812/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11 1872

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Joseph Undutch

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 20 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 176 Johnson St

Duration of Residence in the City of Baltimore, 176 Johnson St

Place of Death, { Give street and number. } 176 Johnson St

Cause of Death, { First (Primary,) Second (Immediate,) } Capillary Bronchitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician

Place of Burial, St. Peter's Cemetery

Date of Burial, June 12th 1872

Undertaker, Geo. H. Dwyer

Place of Business, 1512 Hanover St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18122

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11 June 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robt Ferguson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 37 Years, 3 Months, 20 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Shoemaker & Manufacturer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Philadelphia Pa

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number. } No 97 W Biddle St

Cause of Death, { First (Primary,) Pulmonary Consumption
Second (Immediate,) Asphyxia

Duration of Last Sickness, First visit & prescription by me was made 2nd Apr. 1877.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 12 " 1877

Undertaker, M A Daig

Place of Business, 74 S Broadway

Address No. 267 Druid Hill Ave.

Charles A Geiger M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18123

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 11, 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Williams
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, Years, 3 Months, Weeks, Days
 Color, white
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Foundling
 Duration of Residence in the City of Baltimore, 2 weeks
 Place of Death, { Give street and number. } St Vincent's Infant Asylum
 Cause of Death, { First (Primary,) Marasmus
 { Second (Immediate,) Hydrocephaloid
 Duration of Last Sickness, when received
 All the above information should be furnished by the Physician.
 Place of Burial, Central Cemetery
 Date of Burial, June 13, 1877
 { Undertaker, Sam'l Brown
 { Place of Business, 156 Division St.
 { Marking Brewer M. D. Medical Attendant.
 Address 201 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18124

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 12th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Willie C. Thomas

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

9

Years,

3

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

81 N. Calver St.

Cause of Death, { First (Primary), Second (Immediate), }

Diphtheria
8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Summit St.

Date of Burial,

June 13/87

{ Undertaker,

James H. Mason

{ Place of Business,

30 Park Ave

Address

2. Cathedral St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18125

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 11th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charity Matilda Kelly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 7 Months, Days.

Color, Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12 1877

{ Undertaker, William S. Lane

{ Place of Business, 62 East St

M. D. M. D.

Medical Attendant.

Address, 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18126

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Brubb

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, one Years, Two Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 209 S. Washington St

Cause of Death, { First (Primary,) Congenital Syphilis
Second (Immediate,) Convulsions

Duration of Last Sickness, Unknown to me

All the above information should be furnished by the Physician.

Place of Burial, German United St Pauls

Date of Burial, 12th June 1877

{ Undertaker, William Nicholas
Place of Business, 288 Alice Ann Str.

John S. Lynch M. D.
Medical Attendant
Address S.E. Cor. Broadway, & Pratt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 12th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Catherine Ann Hartigan

Sex, Male or Female,

Cross out the word not required in this line.

female

Age,

2

Years,

3

Months,

17

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Md

Duration of Residence in the City of Baltimore,

2 years 3 months 17 days

Place of Death,

Give street and number.

221 Pine St

Cause of Death,

First (Primary),
Second (Immediate),

Convulsions

Duration of Last Sickness,

30 minutes

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral

Date of Burial,

June 13th 1877

J. Warner

M. D.

Medical Attendant.

Undertaker,

P. Kimmel

Place of Business,

Mulberry St

Address

165 Saratoga St

Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18128

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Siles

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 57 Years, 8 Months, Days.

Color, White Sex, Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, { Give street and number. } 369 Hamburg St

Cause of Death, { First (Primary,) Valvular Heart disease
Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13th 1877

{ Undertaker, Charles F. Harold
Place of Business, 161 Hanover St

Address 141 Hanover St

J. C. Burch M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18129

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 11th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John J. Russell

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, Years, 9 Months, 17 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 66 Portland

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) —

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 13

{ Undertaker, G Leinbach
Place of Business, 389 W Pratt St }

Address 279. W. Lombard

Edw. L. Michollett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 10th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Michael Campbell

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

10

Months,

4

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

14th 150 Chesapeake St

Cause of Death,

First (Primary)

Second (Immediate)

Cholera
Pneumonia

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician

Place of Burial,

Holly Cross Cemetery

Date of Burial,

June 12th 1877

Dr. M. D. McEwen

M. D.

Medical Attendant.

Undertaker,

H. M. Gilmeyer

Place of Business,

341 Canton St.

Address

12 S. E. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18131

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said* deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Mary Moullet
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
 Age, _____ Years, 6 Months, _____ Days.
 Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
 Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
 Duration of Residence in the City of Baltimore, 6 mos

Place of Death, { Give street and number. } 57 Ensor St

Cause of Death, { First (Primary,) Second (Immediate,) } Mania
Inanition

Duration of Last Sickness, 3 mos
All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery
 Date of Burial, 13 June 1877 E. Geo Walls M. D.
Medical Attendant.

{ Undertaker, George C Rodman }
{ Place of Business, 38 Ensor St } Address 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18132

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 12th 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs Mary A. Cunningham

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 79 Years, 3 Months, 3 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

50 years

Place of Death, { Give street and number. }

479 Asquith St.

Cause of Death, { First (Primary,) Second (Immediate.) }

General debility
Erysipelas

Duration of Last Sickness,

12 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 13th

{ Undertaker, Geo Schilling

{ Place of Business, Ashland Square

Mr Burke Doyle M. D.
Medical Attendant.

Address 166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *18/33*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 11th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Cecilia Harris

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

Years,

Four

Months,

Fifteen

Days.

Color,

Colored

Sex,

Female

~~Married~~, Single, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Philadelphia Pa

Duration of Residence in the City of Baltimore,

Three months

Place of Death,

{ Give street and number. }

86 Plum St

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Pneumonia

Duration of Last Sickness,

2 1/2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel cemetery

Date of Burial,

June the 13th

Wm. Lapping

M. D.

Medical Attendant.

{ Undertaker,

John H. Jordan

Address

{ Place of Business,

No 63 park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 18134

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry A. Smart
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, Years, 5 Months, 12 Days.
 Color, White

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }
 Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 100 Jefferson Street

Cause of Death, { First (Primary), } Cholera Infantum
 { Second (Immediate), }
 Duration of Last Sickness, four days

All the above information should be furnished by the Physician

Place of Burial, Calhoun Cemetery

Date of Burial, June 13th 1877

Undertaker, Jacob Hewen

Place of Business, 406 Druid Hill Ave

James S. Reed, M. D.
 Medical Attendant.

Address 158 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 18135

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 12 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Estelle Wacker

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 8 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

Paratoga Street corner Tremont Street

Cause of Death, { First (Primary.) This child was taken ill with profuse nasal discharge followed by rheumatic pains in lower limbs. Second (Immediate.) Knee, lower = no cardiac disease - seemed to be having an asthma - was about and died suddenly on 12th at 8 P.M. without any immediate cause. I suspect a clot formed in ventricle. }

Duration of Last Sickness, without any immediate cause. I suspect a clot formed in ventricle.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, June 13th 1877

Undertaker, Joseph B. Cook

Place of Business, 707 W Baltimore St Baltimore Md.

Marbury Browne M. D. Medical Attendant.

Address 201 W Reddle Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Reagen Martin

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~ Male

Age, 2 Years, 10 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 68 S. Carrollton Avenue

Cause of Death, { First (Primary.) } Dysentery
{ Second (Immediate.) } Meningitis

Duration of Last Sickness, 7 1/2 days

All the above information should be furnished by the Physician

Place of Burial, Elmhurst Mills

Date of Burial, June 13

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore

Address, 369 N. Lombard St.

Medical Attendant, R. W. Galtman M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 2 Years,

Color, White Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13th

Undertaker, L. Wiegand

Place of Business, 53 South Hill Ave

Address 85 E. Baltimore St

Charles H. Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

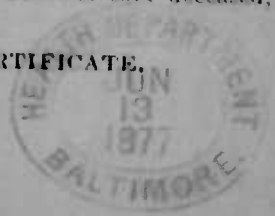
Permit No. 18138

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 12th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliet Ernest Hodgson
 Sex, Male ~~Female~~, { Cross out the word not required in this line. }
 Age, _____ Years, _____ Months, 4 Days.
 Color, Cald

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Ernest Hodgson father [OVER.]

Board of Health, City of Baltimore,

Permit No. *18139*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 12 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Wm H Lingler*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, *4* Months, _____ Days.

Color, *W*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *4 mo*

Place of Death, { Give street and number. } *26 W Chase & Somerset*

Cause of Death, { First (Primary,) _____
Second (Immediate,) *meningitis*

Duration of Last Sickness, *about 2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*

Date of Burial, *Wednesday 14th*

{ Undertaker, *Geo. Schilling*

{ Place of Business, *N.E. Cor Chase & Somerset St*

Address *23 Franklin St Baltimore*

S. M. Patton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18140

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gustav Beckman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } 17 Randolph Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No

Cause of Death, { First (Primary,) Cholera infantum
Second (Immediate,) }

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, June 13th 1877

{ Undertaker, Wm. H. Long & Sons

{ Place of Business, 263 Light St

Address 95 S. Sharp St.

H. C. H. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18141

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 10th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elyse Jane Matthews

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 16 Years,

Months,

Days.

Color, Colored

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Convict

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Maryland Penitentiary

Cause of Death { First (Primary),
Second (Immediate,)

Puerperal Convulsions
Two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. P. Leemantery

Date of Burial, June 11th

Mo. Brooke Boyle

M. D.

Medical Attendant.

{ Undertaker, Charles Streper

{ Place of Business, Tratt Hunter St

Address

166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore, City of Baltimore,

Permit No. 18142

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 12th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Clara Allers

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Seventy four Years,

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Farmer

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Bremenlehe, Kingdom of Hanover, Germany

Duration of Residence in the City of Baltimore,

Two Months

Place of Death, { Give street and number. }

95. Druid Hill Ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Paralysis

Duration of Last Sickness,

Two Months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore

Date of Burial,

June 14 1877

Saml H. Henry

M. D.

Medical Attendant.

{ Undertaker,

Petter Hummel

{ Place of Business,

317 Mulberry

Address 198. Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Health, City of Baltimore,
Permit No. 18143, OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte A. Jackson.
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, Years, 5 Months, Days.
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balw.
Duration of Residence in the City of Baltimore, Life-time
Place of Death, { Give street and number. } 76 Chesnut St.
Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis
Duration of Last Sickness, 3 months.
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, June 13th 1877
{ Undertaker, W. N. Bungee } Address, 137 N. E. 1st St.
{ Place of Business, East St. }
Medical Attendant, Wm. D. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 11th 77.
 Full Name of Deceased, Elizabeth Ellen Understat
 Sex, Male or Female, Female
 Age, 9 Years, 8 Months, 1 Days.
 Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore Md

Duration of Residence in the City of Baltimore,

During life

Place of Death, Give street and number.

Cause of Death, First (Primary), Second (Immediate).

222 Wisconsin
 Congestive Chill
 4 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

June 13th

J. D. Harrington M. D.
 Medical Attendant.

Undertaker,

Smith & P. Hall
 131 Hanover St.

Place of Business,

Address 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore

18145

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 11.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *May E. Lawson*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *5* Years, *5* Months, *14* Days.

Color, *Black.*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *1 Mye Alley*

Cause of Death, { First (Primary), Second (Immediate.) } *Cholera Infantum*

Duration of Last Sickness, *2 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *June 13th 1877*

{ Undertaker, *J. Davis*

{ Place of Business, *108 Lee St*

Therion Cook M. D.
Medical Attendant.

Address *14 B Madison St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18146

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 12th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Levi E. Burch

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

1 Months,

21 Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth) }

Washington DC

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

55 Woodward St -
Cholera Infantum

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Duration of Last Sickness,

About 10 days -

All the above information should be furnished by the Physician.

Place of Burial,

St. Peters Cem

Date of Burial,

June 18th

{ Undertaker,

Wm. J. Ticken

{ Place of Business,

65 S. Eustace St

Address

119 Edmundson Ave

J. H. Harvey M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 13th 1877

Full Name of Deceased,

Geo. Haelebaol

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age,

Years,

Months,

3 Days.

Color,

white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Balt. Med.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

30 S. Chester St.

Cause of Death,

{First (Primary,)
Second (Immediate,)}

Insimus no centrum
Exhaustion

Duration of Last Sickness,

One day

All the above information should be furnished by the Physician.

Place of Burial,

St. Hyacinthine

Date of Burial,

June 13th 1877

{Undertaker,

St. Haelebaol

{Place of Business,

247 E. Lombard St.

Address

Balt. & Wash. St.

G. E. Lawley, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18148

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 13. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Dexter Gonzager

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years,

6 Months,

Days.

Color, Bl

Sex, Same as above

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

191 Tyson St

Cause of Death, { First (Primary), Second (Immediate), }

Dysentery acute
Inanition.

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 14 1877

J. R. Page M. D.
Medical Attendant.

Undertaker, Wm S Gray

Place of Business, 15 Mulberry St Address 228 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *13th June 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Louis Cole*
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, *3* Years, *3* Months, *1* Days.
 Color, *Mulatto* Sex,
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. }
 Duration of Residence in the City of Baltimore, *Born in the city*
 Place of Death, { Give street and number. } *15th Indiana alley*
 Cause of Death, { First (Primary,) Second (Immediate.) } *Ch. Diarrhoea*
 Duration of Last Sickness,
 All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*
 Date of Burial, *June 14th 1877*
 Undertaker, *Bar J Gray*
 Place of Business, *55 Mulberry St*
 Address *40 Richmond St*
Seen only twice
 C. B. Chamberlain M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 18150

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, June 14 1877

{ Undertaker, W. W. Jenkins & Son

{ Place of Business, 16 Light St.

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18152

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, One Years, Four Months, Days.

Color, Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, June 14th 1877

{ Undertaker, Henry K. Mears

{ Place of Business, 1457 1/2 Gay St

Address 134 N High

D. F. Boyner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 18153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence Luella Walker

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 6 Years, 5 Months, 24 Days.

Color, White Sex, Female

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 91 George St

Cause of Death, { First (Primary,) Inflammatory Rheumatism, Second (Immediate,) Metastasis to the Heart, & convulsions

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 14th 1877

Undertaker, C. Wiegand

Place of Business, Druid Hill Ave

H. R. Betterhoff M. D. Medical Attendant

Address 77 George St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *13th. June 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Maryna Prasecki*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *—* Years, *8* Months, *—* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *During lifetime*

Place of Death, { Give street and number. } *S. Wolfers. 261*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*

Duration of Last Sickness, *6 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *June 14th 1877.*

{ Undertaker, *H. H. Gibmeyer*
Place of Business, *341 Canton St.*

Address *S. Wolfers. 117.*

William Huxel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18755

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alexander Darragh

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, _____ Years, _____ Months, Twenty four Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Twenty four days

Place of Death, { Give street and number. } 504 Norfolk St

Cause of Death, { First (Primary), Second (Immediate), } Erysipelas of phlegmonous of scalp
Pyemia

Duration of Last Sickness, Eighteen days

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, June 14th 1877

Undertaker, L. H. Neave

Place of Business, 22 Fayette St

A. Hartman

M. D.

Medical Attendant.

Address 305 A. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18156

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH,

Date of Death, *June 12th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Malta Eden*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *8* Years, *7* Months, Days.

Color, *White* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *79 N Bond*

Cause of Death, { First (Primary,) Second (Immediate,) } *Scarlet fever*
Pneumonia

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*

Date of Burial, *June 15th 1877*

W. H. Lippard M. D.
Medical Attendant

{ Undertaker, *Hughes & Co*

{ Place of Business, *63 S. Broadway* Address *S. Hughes & Co*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 12th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Kessler*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *2* Years, *12* Months, *12* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *since birth*

Place of Death, { Give street and number. } *276. S. Sharp*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *St Alphonsus*

Date of Burial, *June 13 1877*

Underliaker, *L. H. H. H. H. H.*

Place of Business, *209 Hanover St*

Address *108 S. Sharp St.*

DR. J. H. SMITH.
JUN 13 1877
BALTIMORE, MD.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Date of Death, June 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Clara Moresski

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, Years, 2 Months, 26 Days

Color, white

Occupation,

Baltimore City

Place of Death, { Give street and
number. }

77 Tharnes st.

Cholera infantum

All the above information should be furnished by the Physician.

Date of Burial, June 14th 1877

Address *F. N. Broadway*

[OVER.]

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Jacob Kalbhen

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — Years, 3 Months, — Days.

Color, — White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 93 Penna Ave

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 14th 77

{ Undertaker, M. Schilling

{ Place of Business, 72 Penna Ave

J. Keller

M. D.

Medical Attendant.

Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Homer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Three Years, two Months, four Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No. 6 Gough st

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 6 Gough st

Cause of Death, { First (Primary,) Scarlet fever
Second (Immediate,) }

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Ball's Cemetery J. C. Cockey

M. D.

Date of Burial, June 14th 1877 Medical Attendant

{ Undertaker, J. C. Cockey
Place of Business, 60 E. Baltimore Address No 2 South Eyster st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12

Full Name of Deceased, Charles Henry Jones

Sex, Male or Female, Male

Age, 8

Color, white

Years, 8

Months, 12

Days, 14

Married, Single, Widow or Widower, Single

Occupation, Clerk

Birthplace, Baltimore

Duration of Residence in the City of Baltimore, 10 years

Place of Death, 165 Saratoga St

Cause of Death, Congestive heart failure

Duration of Last Sickness, 2 days

Place of Burial, Mount Carmel

Date of Burial, June 15

Undertaker, Blackie & Son

Place of Business, 606 W. Baltimore St

Address, 165 Saratoga St

M. D.

Medical Attendant, L. H. Jones

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and mode of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

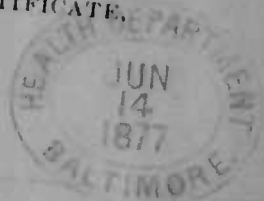
OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 13 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Louis Mann

Sex, Male or Female, Cross out the word not required in this line. Female

Age, 8 Years,

Color, White Months, 2 Weeks 1 Days.

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore City, Prince George's

Duration of Residence in the City of Baltimore, 158 P. Broadway

Place of Death, Give street and number. Cholera Infantum

Cause of Death, First (Primary), Second (Immediate), Eclampsia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Eden St. Congregation Cemetery

Date of Burial, June 14 1877

Undertaker, M. Luggood

Place of Business, 81 Gough St.

James E. Mueller M. D.
Medical Attendant.
Address 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

1877

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 13th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sophie Aler*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *32* Years, *11* Months, *13* Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Dress maker*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *22 years*

Place of Death, { Give street and number. } *No 3 Ansdien Court*

Cause of Death, { First (Primary), Second (Immediate), } *Haemorrhage*
Phthisis

Duration of Last Sickness, *About 14 months*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *June 14th /77*

{ Undertaker, *H. Hofmann*

{ Place of Business, *38 N Eden St.*

Philip Winter Sr M. D.
Medical Attendant.

Address *#323 Mulberry St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 13th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Mary Ann Westrich*

Sex, ~~Male~~ Female, Cross out the word not required in this line.

Age, *15* Years, *15* Months, *15* Hours

Color, *wht*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, Give street and number. *108 Franklin St*

Cause of Death, First (Primary), Second (Immediate), *Premature Birth (7 mos)*
Asphyxia

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*

Date of Burial, *June 14 1877*

Undertaker, *P. Krumm*

Place of Business, *Mulberry St*

Address, *Comm of Health & Registrar*

J. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Charles Westrich father* (SIGNED)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



81657

Date of Death, *June 13th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Edward Warren King*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *3* Years, *Six* Months, Days.

Color, *Black*

Married, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Bolton*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *138 Tow St*

Cause of Death, { First (Primary), Second (Immediate), } *I been this case but once - and the child was dying*
Spasm

Duration of Last Sickness, *1 Day*

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*

Date of Burial, *June 14th 1877*

J. J. Hop. M. D.
Medical Attendant.

{ Undertaker, William C. Dungey }

{ Place of Business, No 62 East Street } Address *137 Calver St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 12th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Abraham Barnes*

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, *60* Years,

Color, *red* Months, Days.

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, Cross out the words not required in this line.

Occupation, *Lumber Wagon Driver*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Eastern Shore Maryland*

Duration of Residence in the City of Baltimore, *40 years*

Place of Death, Give street and number. *Moham's Court*

Cause of Death, First (Primary,) Second (Immediate,) *Paralysis Senual Exhaustion*

Duration of Last Sickness, *3 years & 5 months*

All the above information should be furnished by the Physician

Place of Burial, *Abney Burial Cemetery & Co. Baltimore*

Date of Burial, *June 14th 1877*

Undertaker, *William N. Linger*

Place of Business, *1062 East Street* Address *124 N. Epton*

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Wright

Sex, Male or Female, { Cross out the word not required in this line. } Boy

Age, _____ Years, 5 Months, _____ Days.

Color, Black Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } No 2 Wagon Alley

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) }

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, West St Cemetery J Shelton Hill

Date of Burial, June 14th 1877

Undertaker, William S. Dungee

Place of Business, No 10 Stockton St Address 432 W Fayette St

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 13. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Clara Brooks

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 68 Years, Months, Days.

Color, white Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore County Md

Duration of Residence in the City of Baltimore,

50 years

Place of Death, { Give street and number. }

W. McKim St Cor Bolton & E

Cause of Death, { First (Primary,) Second (Immediate,) }

Influenza

Paralysis

6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

A. Tinsley

M. D.

Date of Burial, June 14th 1877

Medical Attendant.

{ Undertaker, Chenoweth & Co

Address

454 N. Carey St

{ Place of Business, 341 Pa Ave

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 13th 1877.*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Rosalie Claffer*
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, *20* Years, _____ Months, _____ Days.
 Color, _____

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, _____

Date of Burial, _____

{ Undertaker, _____

{ Place of Business, _____

Address _____

J. R. Devor M. D.
Medical Attendant.

529 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

81711

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 13

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Honking

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 29. Elizabeth Lane

Cause of Death, { First (Primary), Second (Immediate.) } Tubercular meningitis

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Ashmuns

Date of Burial, June 15 - 89

Undertaker, C. H. Krause

Place of Business, 209 Hanover

Address, 146 Hanover

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Twenty Seven Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 Years,

2 Months, 21 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, June 14 1877

{ Undertaker, W. H. Chase

{ Place of Business, 60198 1/2 Howard St.

R. C. Lee M. D.
Medical Attendant.

Address Haverhill Barr Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 13th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary Elizabeth Gauley

Sex, Male or Female, Cross out the word not required in this line. Female

Age, 33 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line. Single

Occupation, None

Birthplace, State or country (and how long in the United States, if of foreign birth.) Ireland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, Give street and number. 142 Hudson St.

Cause of Death, First (Primary,) Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, June 15th 1877

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw St.

Address, 68 N. Broadway

James C. McHard M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

13th June 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Gertrude Veronica Hooper

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 28 Days.

Color, White

Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

77 Patterson St.

Cause of Death, { First (Primary,)

Second (Immediate,)

Whooping Cough
Pneumonia

Duration of Last Sickness,

Two months.

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cem

Date of Burial, June 14th 1877

W. H. H. M. D.
Medical Attendant.

{ Undertaker, Chas. T. Scriven

{ Place of Business, 271 N. Eutan St.

Address 120 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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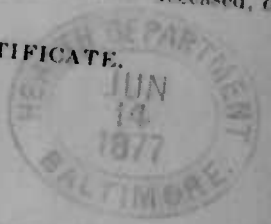
City of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 13th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles H. Williams*
 Sex, Male ~~Female~~, { Cross out the word not required in this line. }
 Age, _____ Years, *5* Months, _____ Days.
 Color, *Blk*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*
 Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto City*
 Duration of Residence in the City of Baltimore, *Life*
 Place of Death, { Give street and number. } *284. Hamburg St.*
 Cause of Death, { First (Primary,) Second (Immediate,) } *artificial nursing - chol infantum - one week*
 Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *M. Pub. Cemetery*
 Date of Burial, *June 14th 1877*
 Undertaker, *M. H. C. Perry*
 Place of Business, *Pratt St* Address *Commissioner of Health & Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Emily Hughes - Nurse [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 14. 77*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mrs Mary Harris Lamson*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *83* Years, *11* Months, *11* Days.

Color, _____

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Boston Mass*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *56 N Charles St one*

Cause of Death, { First (Primary,) Second (Immediate,) } *Paralysis*

Duration of Last Sickness, *about 18 months*

All the above information should be furnished by the Physician.

Place of Burial, *Boston Woodlawn Mass*

Date of Burial, *Boston*

Undertaker, *J. Wearn*

Place of Business, *Lytle*

G L Langille M. D.
Medical Attendant.

Address *129 W Beadle*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Permit No 801

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th June 1877 10 o'clock a.m.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Thomas O Wallace

Sex, Male ~~Female~~, Cross out the word not required in this line. male

Age, Years, 11 Months, 10 Days.

Color, Black Sex, male

Married, Single, Widow or Widower, Cross out the words not required in this line. ~~Married~~

Occupation, none

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore all life

Duration of Residence in the City of Baltimore, all life

Place of Death, Give street and number. 31 Pine St. Baltimore

Cause of Death, First (Primary), Second (Immediate), Pneumonia

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery D. C. Richardson M. D.

Date of Burial, Balto. June 14 1877 Medical Attendant.

Undertaker, J. B. Cook Address 382 W. Lombard Street
Place of Business, 707 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Tuesday June 12th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Jacob Ruth*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, _____ Years, *1* Months, *16* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *SW Cor of O'Donnell & Chesapeake Sts.*

Cause of Death, { First (Primary,) *Anemia* Second (Immediate,) *Toxic Spasms*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *June 14*

{ Undertaker, *Wendell Seppel* Address *28, O'Donnell St*

{ Place of Business, *S. Bond St. 151*

M. D. *J. E. Richard*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 13th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henry Stur*

Sex, Male or Female, { Cross out the word not required in this line. } *male*

Age, *15* Years, *8* Months, *15* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Labour*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *since born*

Place of Death, { Give street and number. } *4 N. Chappell st.*

Cause of Death, { First (Primary,) *Double Pneumonia*
Second (Immediate,) }

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cem.*

Date of Burial, *June 15th 1877*

{ Undertaker, *St. John's*
Place of Business, *247 E. Lombard st.*

Address *27 N. Broadway*

J. E. Gausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 14th*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Wm. Alexander Eddy*
 Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
 Age, *—* Years, *6* Months, *—* Days.
 Color, *—*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*
 Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore Md*
 Duration of Residence in the City of Baltimore, *Native.*

Place of Death, { Give street and number. } *13 George St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Nothing*
Cholera Infantum
One week
 Duration of Last Sickness, *—*

All the above information should be furnished by the Physician.

Place of Burial, *Green cemetery*

Date of Burial, *June 14th*

{ Undertaker, *John C. Jordan*

{ Place of Business, *1163 Park Ave*

W H Portier M. D.
 Medical Attendant.

Address *192 Park St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 13 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Emma Holman*

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } *Female*

Age, *51* Years, *7* Months, *1* Days.

Color, *White* Sex, *Female*

Married, ~~Single, Widowed or Widower~~, { Cross out the words not required in this line. } *Married*

Occupation, *Household Duties*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Fulda - Hesse-Cassel*

Duration of Residence in the City of Baltimore, *Four years and half*

Place of Death, { Give street and number. } *79 Dover St - (near Mount St)*

Cause of Death, { First (Primary),
Second (Immediate), } *Bright's disease
Uremic Toxemia*

Duration of Last Sickness, *Two years - (about)*

All the above information should be furnished by the Physician.

Place of Burial, *St. James Cemetery* *C. C. McDowell* — M. D.

Date of Burial, *June 15 1877* Medical Attendant.

{ Undertaker, *P. Hammer* Address *91 Frederick Ave*

{ Place of Business, *314 N. Liberty St* *290 Madison Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 13th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lavinia Thomas

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

3

Years,

Months,

Days.

Color, ~~ed~~

Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md.

Duration of Residence in the City of Baltimore,

during life

Place of Death, { Give street and number. }

No 38 Stockholm St Balt.

Cause of Death, { First (Primary,) Second (Immediate,) }

Bronchitis Bilateral with pneumonia

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 14

{ Undertaker, The Cecil B. Co.,

{ Place of Business, 180 N. E. St

Address

257 Mad St

L. B. Wilson

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 14th 77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John N. Koehnlein

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

1 Months,

21 Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

172 S. Howard St.

Cause of Death,

First (Primary),
Second (Immediate),

Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

15th

Undertaker,

H. Briele

Place of Business,

88 Henrietta St

R. J. H. Tall M. D.

Medical Attendant.

Address

158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8184
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Sex, Male or Female,

Age,

Color,

Married, Single, Widow or Widower,

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

June 12th 1877

Joseph Waterman - parents name

Years,

white

Months,

5 Days.

S. W. Cor. Caroline & East. Ave.

Same as birth

Convulsions

10 hrs -

St. Patrick's Cemetery

June 14

Wendell J. Tappan

S. Bond St. 151

R. W. Mansfield

M. D.

Medical Attendant.

Address 117 D. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

1877

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 14th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Julia Schmidt

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

18

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

House of The Good Shepherd
Pulmonary Consumption

Cause of Death, { First (Primary) Second (Immediate.) }

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial,

St James Cemetery

Date of Burial,

June 15th

Edw. F. Nicholls, M.D.
Medical Attendant.

{ Undertaker,

J. B. Cook

{ Place of Business,

W. Balto

Address

279. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 14th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Isabella Weiner*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *16* Years, *0* Months, *29* Days.

Color, *white* Sex, *Female*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *none*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Dacta Md*

Duration of Residence in the City of Baltimore, *lifetime*

Place of Death, { Give street and number. } *439 Cross Street*

Cause of Death, { First (Primary),
Second (Immediate). } *Pulmonary Tubercle
General Malar - Tuberculosis*

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *June 15th 1877* *Henry Sager* M. D. Medical Attendant.

{ Undertaker, *Julius Koehler* Address *165 W. Lombard St*

{ Place of Business, *Cor Sharp Cross St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Smith

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, Days.

Color, Cald

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto County

Duration of Residence in the City of Baltimore,

14 days

Place of Death, { Give street and number. }

203 Cross Street

Cause of Death, { First (Primary.) Second (Immediate.) }

Mal Nutrition

Convulsions

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician

Place of Burial, N. Pub Cemetery

Date of Burial, June 15th 1877

Undertaker, M. H. C. Perry

Place of Business, Pratt St.

Address, Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Mary Smith Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 13th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Eckle M. Bullock

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

14 Years,

6

Months,

Days.

Color,

White

Sex,

Female

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

542 W Fayette St

Cause of Death, { First (Primary),
Second (Immediate), }

Softening of Brain

Duration of Last Sickness,

About 6 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial,

June 13th 1877

{ Undertaker,

Hughes & Co

{ Place of Business,

815 W Fayette St

Address

R. K. Kneass

M. D.

Medical Attendant.

815 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 15 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lilly May Heitzler

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

18

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

18 1/2 Orleans St

Cause of Death, { First (Primary), Second (Immediate), }

aphtha - can

Duration of Last Sickness,

5 Days

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

June 15 1877

{ Undertaker,

Mr. Perry

{ Place of Business,

1000 Broadway & Fayette

Address

137 Orleans St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1900
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1890
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Joseph James Higby
Sex, Male or Female, Cross out the word not required in this line. Male
Age, 8 Years, 8 Months, 11 Days
Color, White
Married, Single, Widow or Widower, Cross out the words not required in this line. Single
Occupation, None
Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore
Duration of Residence in the City of Baltimore, Since birth
Place of Death, Give street and number. 35 Bradford St.
Cause of Death, First (Primary), Second (Immediate), Diphtheria
Duration of Last Sickness, 7 days
All the above information should be furnished by the Physician.
Place of Burial, Balto. County
Date of Burial, June 15th
Undertaker, H. Froehlich
Place of Business, 246 Eastern Ave.
Address, 680 Broadway
James S. Shaw M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 13th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Lillie May

Sex,

~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months, Twenty three Days.

Color,

White

2

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

52 Stockton St.

Cause of Death,

{ First (Primary,) }

Enteritis

{ Second (Immediate,) }

Duration of Last Sickness,

Four days

All the above information should be furnished by the Physician.

Place of Burial,

Western cem

Date of Burial,

June 15-

{ Undertaker,

W. B. Blyden

{ Place of Business,

201 N. av

T. P. McCormick

M. D.

Medical Attendant.

Address

454 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 13th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charlotte C. Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Seventeen Years, Months, Thirteen Days.

Color, Sea,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } No. 74 Hollands Street

Cause of Death, { First (Primary,) Dying of Pregnancy
Second (Immediate,) Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Airy Cemetery

Date of Burial, June 15th 1877

{ Undertaker, Wm. A. Lunge

{ Place of Business, No. 12 East St.

Whitefield Winsor
E. C. Baldwin M.D. M. D.
124 N. E. 4th St. Medical Attendant.

Address 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

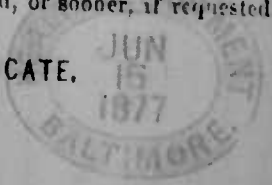
No. 18193

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Thursday June 14th 1877*

Full Name of Deceased, *Rachael Morgan*
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, *Female*
{ Cross out the word not required in this line. }

Age, *1* Years, *2* Months, *1* Days.

Color, *Colored*

Married, Single, Widow or Widower, *—*
{ Cross out the word not required in this line. }

Occupation, *—*

Birthplace, *Balto.*
{ State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *—*

Place of Death, *# 16 Prices Court.*
{ Give street and number. }

Cause of Death, *Enterocolitis*
{ First (Primary,) Second (Immediate,) }

Duration of Last Sickness, *Exhaustion & Malnutrition*

7 days.

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *June 15 1877*

Undertaker, *Wm. Dungee*

Place of Business, *1662 East St.*

Address *25 1/2 Greenmount Av.*

Wilmer Dunitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

8194

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 15th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Charles Henry Gibson*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *7* Years, *7* Months, *—* Days.

Color, *Blk*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *4 Spring St. Court*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dentition*
Convulsions

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *June 16th 1877*

{ Undertaker, *H. N. Dungee* Address *Commissioner of Health*
Place of Business, *East St* Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *Eliza Gibson* Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 14th June 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Stirling E Adams.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 37 - Years,

Color, Black -

Sex,

Months,

Days.

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Porter -

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Richmond Va

Duration of Residence in the City of Baltimore, About 9 Years.

Place of Death, { Give street and number. } No 19. Hambleton St.

Cause of Death, { First (Primary), Second (Immediate), } Necrosis of Spine from injury with Abscess. Died from Exhaustion.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, June 15th 1877

W Chan Bibb M. D.
Medical Attendant.

{ Undertaker, Wm. H. Bibb

{ Place of Business, 103 Dring St. Address 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18196

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A. Gross
 Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
 Age, 1 Years, 7 Months, Days.
 Color, *cul*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sarah Jane Cole Mother

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18197
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1877

Full Name of Deceased, Emma Jane Shane

Sex, ~~Male~~ Female, Cross out the word not required in this line.

Age, Eleven Years,

Color, White

Sex,

Months,

Days.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Harford Co Maryland

Duration of Residence in the City of Baltimore, Eight years

Place of Death, Give street and number.

116 Patton St.

Cause of Death, First (Primary),

Phthisis

Second (Immediate),

Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Union Chapel Harford Co

Date of Burial, June 16, 1877

E. Hall Rutledge

M. D.

Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Address

157 N. Airquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 803

[OVER.]

Board of Health, City of Baltimore,

No. 18198

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 14, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Bradford

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Twenty eight Years, Months, Days.

Color, Black Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City, _____

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, { Give street and number. } 19 Chew St.

Cause of Death, { First (Primary,) } Dysentery

{ Second (Immediate,) }

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, New Auburn

Date of Burial, June 15, 1877

{ Undertaker, Wm. W. Richmond } { Address, C. Ireland } { 178 St. Ignace St. } { Place of Business, 234 N. Gay St. }

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8199

City of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Nathaniel Rogers

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

1

Years,

4

Months,

4

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

40 Foster's Al.

Duration of Residence in the City of Baltimore,

1 yr. 4 mos. 4 days.

Place of Death, { Give street and number. }

40 Foster's Al.

Cause of Death, { First (Primary), Second (Immediate), }

From Swallowing Concentrated Lye
Gastric Inflammation

Duration of Last Sickness,

4 days 2:00

All the above information should be furnished by the Physician.

Place of Burial,

Stephens Chapel

Date of Burial,

June 15th 1877

Eldridge C. Poir

M. D.

Medical Attendant.

{ Undertaker,

Theodore G. Lock

Address

262, Madison Ave.

{ Place of Business,

56 Jefferson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 804)

[OVER.]

Board of Health, City of Baltimore,

No. 18200

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

24th of June

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William T. Dwyer

(Father)

Sex, Male or Female,

Cross out the word not required in this line.

Age,

0

Years,

0

Months,

21

Days.

Color,

white

Sex,

male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

39 George T. Baltimore

Cause of Death,

First (Primary.)

Second (Immediate.)

born at seven months

insufficient strength

21 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

June 15th

W. H. Helms

M. D.

Medical Attendant.

Undertaker,

John Teufel

Place of Business,

616 W. Balto. St.

Address

120 Pearl St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE

Date of Death _____

CERTIFICATE OF DEATH



Date of Death,

Jan 14 1877

Full Name of Deceased,

Sex, Male or Female,
Age

Age,

Color,

/ Years.

white

10 Months.

Days.

Married, Single, Widow or Widower,
Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.)
Duration of Resid.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and
number.

Cause of Death, { First (Primary,)
Second (Immediate,

Duration of Last Sickness.

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

f Undertaker,

(Place of Business)

Address

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of
 Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ada Belle Hale

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

Eleven

Months,

Six

Days.

Color,

White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Infant

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

All life

Place of Death, { Give street and number. }

265 Argyle Ave.

Cause of Death, { First (Primary,) Second (Immediate,) }

Pertussis, Complicated with Erysipelas, Malaria
Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

June 16th 1877

Undertaker,

Chenoweth & Co

Place of Business,

341 Main Ave

Address

431 Penna. Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18213

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 15th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ada Costilla Bull.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

7 Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

125 West. St.

Cause of Death,

{ First (Primary). Second (Immediate). }

Cholera Infantum

Duration of Last Sickness,

One day.

All the above information should be furnished by the Physician

Place of Burial,

Mount Olivet Cemetery

Date of Burial,

June 16 1877

R. J. H. Tall

M. D.

Medical Attendant.

Undertaker,

Charles P. Harold

Address

158 S. Sharp St.

Place of Business,

161 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18204

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 13th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Alberta E. Thomas*
 Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
 Age, *1* Years, *5* Months, *—* Days.
 Color, *Cel*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by *William H. Thomas* Father

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

182 115

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 15 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Salter
Sex, Male ~~Female~~ { Cross out the word not required in this line. }
Age, _____ Years, 6 Months, _____ Days.
Color, Cal C

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 271 Lovegrove Alley
Cause of Death, { First (Primary,) Febrile
Second (Immediate,) Chol Infantum
Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery
Date of Burial, June 16 1877 James A. Stearns M.D.
{ Undertaker, John C. Lardner
{ Place of Business, Park Ave Address Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last-sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Elizabeth Salter Mother

8206

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

14th June 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Klein

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

31

Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Married~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Once birth

Place of Death, { Give street and number. }

282 Asquith St.

Cause of Death, { First (Primary), Second (Immediate), }

Febrile Tumor of Uterus
four days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Ch.

Date of Burial,

June 16 1877

{ Undertaker,

John F. Monahan M. D.
Medical Attendant.

{ Place of Business,

337 Central Ave.

Address S. W. Calvert & Read St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

8207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 15th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Frank Rudroff*
 Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
 Age, *1* Years, _____ Months, _____ Days.
 Color, *white*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto City*
 Duration of Residence in the City of Baltimore, *Life*
 Place of Death, { Give street and number. } *175 Harford Ave*
 Cause of Death, { First (Primary,) *Lethargy*
 { Second (Immediate,) *Chol Infantum*
 Duration of Last Sickness, *one month*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*
 Date of Burial, *June 16th 1877*
 { Undertaker, *H. Hoock*
 { Place of Business, *Central Ave*
 Address *Commis of Health*
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Henry Hoock
Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

8208

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* by the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 15th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Daniel E. R. Abbott.*
 Sex, *Male* or Female, { Cross out the word not required in this line. }
 Age, _____ Years, *10* Months, *10* Days.
 Color, *white*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, _____
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto*
 Duration of Residence in the City of Baltimore, _____
 Place of Death, { Give street and number. } *187. Orleans St.*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*
Scarlet fever
 Duration of Last Sickness, *6 months*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*
 Date of Burial, *June 16th 1877*
 { Undertaker, *William Fry* } *J. H. P.* M. D.
 { Place of Business, *Bradley* } *137. Orleans St.*
 Address _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18209
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 16th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Martin Enders

~~Sex~~, Male or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

69 Years,

Color,

white

/ Months,

Days.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

40 yrs

Place of Death, { Give street and number. }

101 Lancaster St.

Cause of Death, { First (Primary.) }

{ Second (Immediate.) }

Consumption

Duration of Last Sickness,

7 mos.

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem.

Date of Burial,

June 17th 1877

Undertaker,

Michael France

Place of Business,

No. 280 Canton Ave.

Address

117 N. Broadway

R. W. Mansfield

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8210

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 14th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Joseph Smith

Sex, Male ~~Female~~,

Cross out the word not required in this line.

Age,

4 Years,

3 Months,

Days.

Color,

white.

~~Married~~ Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City,

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

54 S. Dusham St.

Cause of Death,

First (Primary),

Second (Immediate),

Dysentery

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Stephens Cem.

Date of Burial,

June 16th 1877

Aug. F. Erish

M. D.

Medical Attendant.

Undertaker,

Michael Franc

Address

94 S. Broadway

Place of Business,

No 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 18211

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ela Mearns

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

3

Years,

2

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

364 Hamburg St

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlatina Maligna

Duration of Last Sickness,

36 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baito Cemetery

Date of Burial, June 16th 1877

J. G. Wambs M. D.
Medical Attendant

{ Undertaker, Julius Koebe

{ Place of Business,

Sharp St

Address

2034 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

18214

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 15 6 50 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Minchell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 48 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Hirschfeld - Hesseu Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number. } 269 S. Ann St.

Cause of Death, { First (Primary.) Phthisis Pulmonalis
Second (Immediate.)

Duration of Last Sickness, 10 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, 16 June 1877

{ Undertaker, John P. Smith

{ Place of Business, 265 Atlantic

James E. Downie M.D.
Medical Attendant.

Address 299 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 18213,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18214

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nancy Douglas

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 20 ~~months~~ Years, Months, Days.

Color, Black Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No. 21 Tessler St.

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 21 Tessler St.

Cause of Death, { First (Primary,) This child miscarried at about 5 months
Second (Immediate,) _____

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15. 77

J. B. Gardner M. D.
Medical Attendant.

{ Undertaker, D. W. Mass

{ Place of Business, 148 E. Main-st

Address 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1872 15

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 14th 1872

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

James A. Lake

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

25

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Oyster Shucker

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Dorchester Co. Md.

Duration of Residence in the City of Baltimore,

Ten (10) Years

Place of Death,

Give street and number.

107 N. Dallas

Cause of Death,

First (Primary),
Second (Immediate),

Pneumonia
Exhaustion

Duration of Last Sickness,

Four (4) Months.

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 16th 1872

Undertaker,

S. W. Chase

Place of Business,

10195 Howard

Address

J. A. Higgins M. D.
Medical Attendant.

774 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 14th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Simon Coge

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

34

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Labour

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Wainest no 40.

Place of Death,

Give street and number.

Cause of Death,

First (Primary.)

Second (Immediate.)

Pneumonia

Exhaustion

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 15, 77

Undertaker,

W. H. H. H. H.

Place of Business,

175 S. Howard St

C. L. Buddenb. M. D.

Medical Attendant

Address

106 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18217
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } John M. Bernhardt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years,

Color, white Months, 5 hours

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Baltimore City
235 E. Lombard St

Cause of Death, { First (Primary,) Premature Birth (7 mos)
Second (Immediate,) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 16th 1877 James A. Stenox M.D.

Undertaker, John Sanders

Place of Business,

Address, Commis of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informant, J. M. Gault, M.D. [OVER.]

Board of Health, City of Baltimore,

18218.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 14th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Augusta Suehle

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, One Year, 11 Months, 21 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 242 South Ann St

Cause of Death, { First (Primary), Second (Immediate), }

Pertussis

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Paulus Cemetery

Date of Burial,

Jun 16th

Thomas J. Evans M.D.
Medical Attendant.

Undertaker,

H. Bein

Place of Business,

252 West Ann St.

Address

No 18 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18219

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, *June 15th 1877*
 Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *John Wesley Chesney Jr.*
 Sex, Male ~~Female~~, Cross out the word not required in this line. *Male*
 Age, *One* Years, *five* Months, *—* Days.
 Color, *White* Sex, *Male*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, *Balloon Maker*
 Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore Md*

Duration of Residence in the City of Baltimore, *Life*
 Place of Death, Give street and number. *88 South St.*

Cause of Death, First (Primary), Second (Immediate), *Capillary Bronchitis*

Duration of Last Sickness, *14 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *June 16th 1877*

Undertaker, *Thos. S. Hughes*

Place of Business, *60 E. Balto St.*

John S. Lynch M. D.
 Medical Attendant

Address *S.E. Cor. Broadway & Pratt*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

18220

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah M. Le Favour

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

3 Months,

23 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

646. Lexington

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough complicated with Convulsions

Duration of Last Sickness,

7 weeks

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral Cemetery

Date of Burial,

16th June 1877

Edw. L. McKeown M. D.
Medical Attendant.

{ Undertaker,

W. Jenkins & Son

{ Place of Business,

16 Light St

Address

279. W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Five* Years, *Six* Months, *29* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet Church*

Date of Burial, *June 16*

Undertaker, *J. J. Chalmers*

Place of Business, *262 Penna Ave*

Address *731 Penna Ave*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18222
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 14th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Margaret Maesh

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Color,

White

6 Months, Sex, Female

7 Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

267 Sigsbee Avenue
Cholera infantum

Cause of Death, First (Primary), Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

three days

Place of Burial,

Worlens Cemetery

Date of Burial,

June 16

Undertaker,

J. J. Chalmers

Place of Business,

262 Penna ave

Address

Chris Jewett

M. D.

Medical Attendant.

92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

18223

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 15 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jane Barnes
 Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
 Age, _____ Years, _____ Months, 8 Days.
 Color, Col^d

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by Belle Jones Midwife

[OVER]

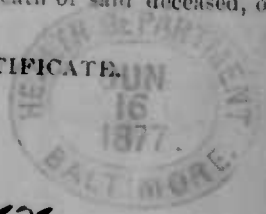
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 15th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Samuel Johnson*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } *Male*

Age, *5* Years, *8* Months, *8* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*

Occupation, *Life*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *No. 68 Albemarle St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*

Duration of Last Sickness, *8 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet Cem.*

Date of Burial, *June 17 1877*

Undertaker, *Armstrong & Deans*

Place of Business, *263 Light St.* Address *224 Carrollton Ave.*

J. P. Powell M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 14th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Gottlieb Frey

Sex, Male or Female,

Cross out the word not required in this line.

Age,

70 Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

30 years

Place of Death, Give street and number.

263 S. Sharp St.

Cause of Death,

First (Primary).
Second (Immediate).

Softening of Brain,

about three months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

June 17 1877

Undertaker,

Armstrong & Gundy

Place of Business,

263 Light St.

Address

138 S. Sharp St.

R. L. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8226

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 15th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William Weber*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, *7* Months, *3* Days.

Color, *White*

~~Married, Single, Widower or Widow~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *N 763 W Pratt St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*
Convulsions

Duration of Last Sickness, *2 1/2 days*

All the above information should be furnished by the Physician

Place of Burial, *Western Cemetery*

Date of Burial, *June 16 1877*

{ Undertaker, Place of Business, } *John P Paulus*
66 Radcliff Ave

S. C. Horn M. D.
Medical Assendant.

Address *N 226 Mulberry St*
per G. W. M.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

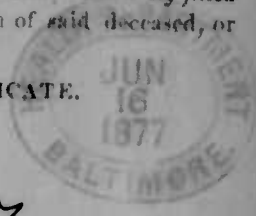
OFFICE OF REGISTRAR OF VITAL STATISTICS.

18227

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Marion Reynolds

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, _____ Years,

One Months, 3 weeks Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

116 Argyle Avenue

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria
Four days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore Cemetery~~

Date of Burial, June 17th 1877

Louis W. Knight M. D.
Medical Attendant.

{ Undertaker, Chas. T. Shaver

{ Place of Business, 271 N. E. St.

Address 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8228

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 16th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Margaret Meyas.*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, *9.* Months, *27.* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *No. 170 Pierce St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Whooping Cough.*
Pneumonia

Duration of Last Sickness, *10 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery.*

Date of Burial, *June 17th 1877.*

L. C. Horn

M. D.

Medical Attendant.

{ Undertaker, *Peter Krumm*

{ Place of Business, *No 317 Mulberry St.*

Address *No 226 Mulberry St.*
per G. W. Meyer.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18229

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 15th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jeremiah Cecil
Sex, Male ☒ Female ☐ { Cross out the word not required in this line. }
Age, 6 Years, 6 Months, — Days.
Color, Cal

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 82 Jefferson St
Cause of Death, { First (Primary,) Cold
Second (Immediate,) Bronchitis

Duration of Last Sickness, 2 weeks
All the above information should be furnished by the Physician.

Place of Burial, Pub Cemetery
Date of Burial, June 17th 1877
Undertaker, C. Sheepen M. D.
Place of Business, Pratt St

Address Commis of Health & Registration

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information of Catharine Cecil Mother [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 182311

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 16th. 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sarah Ann Lavinia Brown

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

~~XXX~~ 11

Months,

Days.

Color,

Colored

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

No 98 Raburg Street

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 98 Raburg Street

Cause of Death,

First (Primary,)

Second (Immediate,)

Pneumonia

Duration of Last Sickness,

14 days

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

June 15th 1877

Chas H. Neff

M. D.

Medical Attendant.

Undertaker,

J. Davis

Place of Business,

103 Lee St

Address

306 N. Hazlett Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

184231

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emily Dunn + John T. Boyer

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 12 Days.

Color, Col'd

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 196 Warner St

Cause of Death, { First (Primary,) Second (Immediate,) } Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician

Place of Burial, Sharp St. Cemetery

Date of Burial, June 16th 1877 James A. Steens M. D.

{ Undertaker, L. Davis } Address Comm of Health

{ Place of Business, See Sp } Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Angelina Wilson Midway

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18232

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary V Koolap

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 7 Years, 5 Months, Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 20 New Church St

Cause of Death, { First (Primary.) } Croup pneumonia
{ Second (Immediate,) } asphyxia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician

Place of Burial, St Alphonsus Cemetery

Date of Burial, 17 June

Undertaker, Geo Levinbach

Place of Business, 389 West Pratt St

Address to 32 S. Liberty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

8233,

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 15th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Henry Benson

Sex, Male ~~Female~~, { Cross out the word not required in this line. }
Age, _____ Years, 5 Months, 10 Days.
Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 22 Gulphur alley

Cause of Death, { First (Primary,) Second (Immediate,) } Convulsions

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16th 1877 James A. Stenard M. D.

{ Undertaker, John C. Loderer Address Commis of Health }
{ Place of Business, Park St } Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information John Benson Father [OVER.]

8234
City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 15th. 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Amid Stanley Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age,

4 Years,

Months,

7 Days.

Color,

white,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Balt. Med.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, {Give street and number.}

360. Bond St.

Cause of Death,

{First (Primary),
Second (Immediate),}

Tuberculous Meningitis
Convulsions

Duration of Last Sickness,

One Day

All the above information should be furnished by the Physician

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 16th, 1877

{ Undertaker,

W. H. Waiger

{ Place of Business,

41 S Broadway

Address

Balt. & Arch. Sts.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8235

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 16th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Margaret Mary Burns

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

1

Years,

7

Months,

15

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

147 S. Register St.

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cema

Date of Burial,

June 17 1877

Undertaker,

W. A. Baigrie

Place of Business,

74 B'my

Address

68 S. Broadway

James P. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

18236

HEALTH DEPARTMENT
JUN 16 1877

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 16 1877

June 14th 1777.

Edwin Suggs Reiner,

Months, 20

Which.

at the world is not
in this line

at the words not
in this line

Back Bay
and his letter

So I laid down.

Diphtheria,

8 days.

May 20.

then Cemetery
The J. H. Boyd
MEDICAL AID

Wm. J. J. Boyd

62 Address *Italy*

ard of Health to secure a full and complete
in the City of Boston.

That whenever any person shall die in the said city

That whenever any person shall die in the said city, it shall be the duty of the Coroner, when the case comes under his notice, to furnish within forty-eight hours or persons superintending the burial, a Certificate setting forth, as far as the information (whether married or single) of the person deceased, and the cause and immediate children.

[OVER]

8237

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 15th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Crowley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, About 60 years Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Rag picker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number. } 198 Eastern Ave.

Cause of Death, { First (Primary,) Second (Immediate,) } Ascites

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, C. P. Clements

Date of Burial, June 15th

{ Undertaker, Charles Steyer

{ Place of Business, Pratt & Blount St.

Address, 68 S. Broadway

James I. McShane M. D. Medical Assistant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Alfred Mitchell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

40 North Calvert

Cause of Death, { First (Primary,) Second (Immediate,) }

Pertussis
Cholera Infantum

Duration of Last Sickness,

20 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 16 1877

Undertaker, W. W. Jenkins & Son

Place of Business, 16 Light St.

Geo. B. Reynolds M. D.
Medical Attendant.

Address 43 North Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18239

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Millard W. Fillmore, cler
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 24 Years, 11 Months, 4 Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, Ice Dealer
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 642 Madison Ave & Church
Cause of Death, { First (Primary.) Pulmonary Consumption
Second (Immediate.) & Laushtau
Duration of Last Sickness, 10 m on the
All the above information should be furnished by the Physician.
Place of Burial, Greenmount Cemetery S. T. Knight M. D.
Date of Burial, June 16th 1877 Medical Attendant.
{ Undertaker, John W. Weaver Address
{ Place of Business, #22 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 182411

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 15th June 77
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles H. Miller
Sex, Male or Female, { Cross out the word not required in this line. } male
Age, 28 Years, ~ 6 Months, ~ Days.
Color, white Sex, male
Married, Single, Widow or Widower, { Cross out the words not required in this line. } single
Occupation, Music teacher
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt
Duration of Residence in the City of Baltimore, 24y 8m
Place of Death, { Give street and number. } 75 N. Carey
Cause of Death, { First (Primary,) Phthisis Pulmonary
{ Second (Immediate,) ~
Duration of Last Sickness, 13 years (about)
All the above information should be furnished by the Physician.
Place of Burial, Greenmount Cemetery
Date of Burial, June 17th 1877
Undertaker, John H. Weaver
Place of Business, #22 N. Fayette St.
Address, 108 Park Ave
Balt.

H. Paulding, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

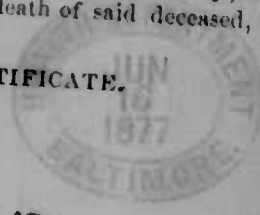
OFFICE OF REGISTRAR OF VITAL STATISTICS.

18241

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 15th 1877

Full Name of Deceased,

John Phillip Hunt

Sex, Male or Female,

male

Age,

38

Years,

7

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

married

Occupation,

Carpenter

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

nearly all his life

Place of Death,

Give street and number.

62 Wyatts St. cor. Peter ally

Cause of Death,

First (Primary),

Rheumatism

Second (Immediate),

asphyxiation of vitreal valve

Duration of Last Sickness,

more than a year

All the above information should be furnished by the Physician.

Place of Burial,

Landon Park Cemetery

Date of Burial,

June 17th 1877

Undertaker,

F. N. Troll

Place of Business,

13 Hanover St

Address

86 E. Fayette St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

18242

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or as soon as requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanna Emert
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, _____ Years, 6 Months, _____ Days.
Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 123 Fairmount Ave
Cause of Death, { First (Primary,) } Lethargy
{ Second (Immediate,) } Convulsion
Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus
Date of Burial, June 17th 1877
Undertaker, Henry Hock
Place of Business, Central Ave
Address, Armies of Health Registrar
J. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.
Information by Andrew Emert father [over]

Board of Health, City of Baltimore,

18243

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 15th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Walter J. Stallings,*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, _____ Years, *4* Months, _____ Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt. Md.*

Duration of Residence in the City of Baltimore, *since birth,*

Place of Death, { Give street and number. } *327 E. Ave.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum & Exhaustion*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount*

Date of Burial, *June 14*

Undertaker, *Wm. Meyer*

Place of Business, *Forrest & Broadway*

Address *Balt. & Wash. st.*

H. Beaville, Rush M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18244
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 16 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joseph Glaser*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, _____ Years, *3* Months, _____ Days.
Color, *White* Sex, *Male*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, *None*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland*
Duration of Residence in the City of Baltimore, *During life*
Place of Death, { Give street and number. } *Bouldin Abbey, No. 2*
Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infusion*
Duration of Last Sickness, *Week*
All the above information should be furnished by the Physician.
Place of Burial, *St. Anselm's Cemetery*
Date of Burial, *June 16 1877* *C. S. Mullinee* M. D.
Medical Attendant.
{ Undertaker, *Chas. T. Skriver* Address *248 Penna. Ave.*
Place of Business, *271 A. Eutaw St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

18245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Hamilton

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 5 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, Three Weeks

Place of Death, { Give street and number. } No 134 S. Pacatt

Cause of Death, { First (Primary,) Second (Immediate,) } Marasmus

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 17th 1877

Undertaker, Armstrong & Son, Address, 23 N. Lombard St.

Place of Business, Corner of Light & Montzong

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18246

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha Stevenson
 Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
 Age, _____ Years, 2 Months, _____ Days.
 Color, Cal
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt City
 Duration of Residence in the City of Baltimore, Life
 Place of Death, { Give street and number. } 117 N. Spring St between Chew & Madison
 Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum
 Duration of Last Sickness, 3 weeks
 All the above information should be furnished by the Physician
 Place of Burial, E. Public Cemetery
 Date of Burial, June 16th 1877
 { Undertaker, C. Streper } Address, Comm. of Health
 { Place of Business, Pratt St } Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Recella Barlowe French [over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18247

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 16th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Alfred Lowenbach

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Nine

Years,

One

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore city, Mount Vernon

Duration of Residence in the City of Baltimore,

Nine years + one

Place of Death, { Give street and number. }

#43 North Stricker Street

Cause of Death, { First (Primary), Second (Immediate), }

Inflammation of Brain About two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Har Sinai Cemetery

Date of Burial,

June 17th 1877

{ Undertaker, Chas Hollander Sons

{ Place of Business, 22 W. Pratt St.

J. J. Smith M. D. Medical Attendant.

Address #584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 16, 1877.
Full Name of Deceased, Jennie King Marshall
Sex, Male or Female, ☒ Male ☐ Female
Age, 8 Years, 18 Months, Days.
Color, White.
Married, Single, Widowed or Widower, ☒ Single
Occupation,
Birthplace, Maryland
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, 36 Spring Row.
Cause of Death, Collapse of Lungs.
Duration of Last Sickness, 1 day.
All the above information should be furnished by the Physician
Place of Burial, New Jersey
Date of Burial, June 17th 1877
Undertaker, Thos J. Hughes
Place of Business, 100 E. Baltimore St.
Address, 35 E. Baltimore St.
J. N. Harch M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 805

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 15, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Fredrick Fickes Sr.

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 82 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }

Married

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore, Md

Duration of Residence in the City of Baltimore, 82 yrs

Place of Death, { Give street and number }

83 N Liberty

Cause of Death, { First (Primary, } Second (Immediate, }

Apoplexy
Paralysis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, June 17th 1877

Undertaker, Jacob Weaver

Place of Business, 44 & 6 Grand Hill Ave

Lewis M. Osburn M. D.
Medical Attendant.

Address 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

182571

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or other, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 16 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Clement Schless

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

10 Months,

21 Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

346 Hollins St.

Cause of Death,

{ First (Primary).
Second (Immediate). }

Cholera Inf.
Cerebral irritation

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Loxon Park cemetery

Date of Burial,

Sunday June 17, 1877

{ Undertaker,

The Goddard Co.

{ Place of Business,

41 Hanover St.

Address

154 N. Sharp St.

S. J. Mendenhall

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 18257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Fontanelan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

18

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

370 Light St

Cause of Death, { First (Primary),

Second (Immediate),

Cholera Infant.

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Grace Land

Date of Burial,

June 17th

W. H. C. Sharp

M. D.

Medical Attendant.

{ Undertaker,

B. Harb.

{ Place of Business,

411 Light St.

Address

W. H. C. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18252

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 16th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ada Bond Griffin*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *1* Years, *10* Months, *3* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt. City*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *353 N. Lexington St.*

Cause of Death, { First (Primary,) Second (Immediate.) } *Diphtheria*
Paralysis

Duration of Last Sickness, *10 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *June 17th 1877*

{ Undertaker, *Wm M. Leonard & Son* Address *203 N. Lomb St.*

{ Place of Business, *Balt. St.*

Charles W. Thompson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

18253

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or later, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

W. Minnie Kraft,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

8 Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

362 S. Sharp St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Measles
Pneumonia

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

~~Baltimore Cemetery~~

Date of Burial,

June 16th 1877

R. J. H. Tall

M. D.

Medical Attendant.

{ Undertaker, Jellies K. K. K.

{ Place of Business,

Sharp St.

Address

158 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 182574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Nov 13th 1897* *Mary Pollard*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mr Name > C. A. Pollard*
Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, _____ Days.
Color, *White* Sex, *Female*

Married, Single, Widow or Widower, } Cross out the words not
required in this line. }

Occupation,

Birthplace, { State or country (and how
long in the United States, if
of foreign birth. }

Birthplace, { State or country (and how
long in the United States, if
of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and
number. } No 229 Argyle Av.
(First Printing)

Cause of Death, { First (Primary,)
Second (Immediate,)

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) 1st

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, King George Co. Va

Date of Burial, *June 18th 1877*

Undertaker, *Leane & Sons*

(*Place of Business,*

Pembroke M. Knapp M. D.
Medical Attendant.

Address *Mr. L. B. H. (cont'd.)*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

No. 18255

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* by the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or otherwise, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 10 1899*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Annie Benzons*
Sex, Male or Female, { Cross out the word not required in this line. } *Female*
Age, *4* Years, _____ Months, _____ Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *city*
Duration of Residence in the City of Baltimore, _____
Place of Death, { Give street and number } *53 Centre Market*
Cause of Death, { First (Primary,) *Scarlatina* }
{ Second (Immediate,) *///* }
Duration of Last Sickness, *25 days.*
All the above information should be furnished by the Physician.

Place of Burial, *Mt. Green*
Date of Burial, *June 17 1899*
{ Undertaker, *Chas Rosier* }
{ Place of Business, *136 E. Fayette* } Address
Abraham B. Auvoine, M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18256

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 16th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Christian Hain

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

76 Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Cooper

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

34 years,

Place of Death,

{ Give street and number. }

168 William

Cause of Death,

{ First (Primary),
Second (Immediate), }

Chronic Diarrhoea

Duration of Last Sickness,

About one year, 6 weeks in Bed

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

the 18th June 1877

R. J. N. Tall

M. D.

Medical Attendant.

{ Undertaker,

Ph. A. Dill

Address

158 S. Sharp St.

{ Place of Business,

183 Columbia ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Lane

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 24 Years, Months, Days.

Color, Colored Sex, Female

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 217 Biade St

Cause of Death, { First (Primary,) Pulmonary Phthisis
Second (Immediate,) Asthenia & Apople

Duration of Last Sickness, - Several months under my care

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 19th 1877

{ Undertaker, Wm. H. Bishop Jr

{ Place of Business, 103 S. Howard Ave

J. C. Chew

M. D.

Medical Attendant.

Address 141 Laurel St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16. 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mr. H. Mason

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 2 Years, Months, Days.

Color, Mulatto

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and number. } 281 Bridge Street

Cause of Death, { First (Primary,) Phthisis Pulmonalis }
{ Second (Immediate,) }

Duration of Last Sickness, 4 Mors

All the above information should be furnished by the Physician

Place of Burial, St. Catherine Cemetery

Date of Burial, June 17th 1877

{ Undertaker, Wm. H. ... }
Address J. H. ...

{ Place of Business, 162 ... }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Year,

Month,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary)
Second (Immediate)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18261

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Harriet Johnson

Sex, Male or Female, Cross out the word not required in this line. Female

Age, 83 Years,

Color, Colored Months, Days.

Married, Single, Widow or Widower, Cross out the words not required in this line. Single

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Elliotts city Maryland

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, Give street and number. No 26 Jefferson St.

Cause of Death, First (Primary), Second (Immediate), Rheumatism

Duration of Last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17th 1877

Undertaker, John W. Locks

Place of Business, 572 Wolfe St Address 105 Central Avenue

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John M. Williams
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 10 Years, 6 Months, Days.

Color, white Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore - City.

Duration of Residence in the City of Baltimore, 10 years 6 mo

Place of Death, { Give street and number. } 47 Chapel

Cause of Death, { First (Primary,) Second (Immediate,) } Concussion of Brain
Peritonitis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Ct. 70. J. O'Grady M. D.

Date of Burial, June 17 1877 Medical Attendant.

{ Undertaker, Henry Hark

{ Place of Business, 307 Central Av. Address 235 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

No. 18263

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Nicolaus Mathaus

Sex, Male or Female, { Cross out the word not required in this line. }

male

Age,

Years,

4 Months,

6 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

since born

Place of Death, { Give street and number. }

82 N. Washington St.

Cause of Death, { First (Primary), Second (Immediate), }

Cholera infantum

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

June 17th

J. C. Dauch M. D.
Medical Attendant.

{ Undertaker,

Michael Frank

{ Place of Business,

135 Bank St.

Address

27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Mullis

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, _____ Years, one Months, 21 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } Hanford av 4th house north of Bond Lane

Cause of Death, { First (Primary,) Chronic diarrhoea
Second (Immediate,) Inanition }

Duration of Last Sickness, one month

All the above information should be furnished by the Physician

Place of Burial, Still houses Lane

Date of Burial, June 18 1877 M. D. M. D. Medical Attendant.

{ Undertaker, Henry H. H. } Address #308 N. Caroline St

{ Place of Business, 309 Centre St }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 17. 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Kate Link

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

1

Months,

2

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give street and number. }

7 Point Lane

Cause of Death,

{ First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

June 18 1877

L. C. Gordon, M. D.

Medical Attendant.

Undertaker,

Henry Sweet

Address

311 N. Broadway.

Place of Business,

304 Central St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, when the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th of June, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Regine Winkler

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Cholera septica
Second (Immediate,) Relapsing }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 18 1877

Undertaker, Henry Storch

Place of Business, 308 Central Ave

Address

J. H. M. D.
Medical Attendant.
2455 Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18247

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Viola Albaugh
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, _____ Years, 6 Months, _____ Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 84 S. Mount St
Cause of Death, { First (Primary,) Second (Immediate,) } Marasmus
Duration of Last Sickness, _____

All the above information should be furnished by the Physician

Place of Burial, Ball's Cemetery
Date of Burial, June 18th 1877
Undertaker, W. M. Leonard
Place of Business, Ball's St
Address 25 Franklin St
J. H. Patterson M. D. Medical Attendant.
(Copied on this form)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Dean

Sex, Male or Female, { Cross out the word not required in this line. } .

Age, 5 Years, 1 Months, 25 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } Randall St

Cause of Death, { First (Primary,) Second (Immediate,) } Tubercular meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, June 18 1877

Undertaker, Charles P. Harold

Place of Business, 161 Hanover St

Address, 146 Hanover St

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Reginald Weston

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 3 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

118 Sandvale street city

Duration of Residence in the City of Baltimore,

all life

Place of Death, { Give street and number. }

118 Sandvale street

Cause of Death, { First (Primary,) Second (Immediate.) }

Enteric colitis

meningitis 5th day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 18

C B Gamble M. D.
Medical Attendant.

{ Undertaker,

C H Blizzard

Address

{ Place of Business,

201 Penae

40 Richmond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 17
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Theodore Meyer
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 49 Years, 3 Months, 12 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, Laborer
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany
Duration of Residence in the City of Baltimore, 19 years
Place of Death, { Give street and number. } No 213 S. Deloit
Cause of Death, { First (Primary,) Pulmonary Phthisis
Second (Immediate,) Exhaustion
Duration of Last Sickness, 5 years
All the above information should be furnished by the Physician.
Place of Burial, St. Michael's Cemetery
Date of Burial, June 18 1877
Medical Attendant, L. C. Miller M.D.
Address, 12 S. Elder
{ Undertaker, Francis Cramer
Place of Business, 219 Canton Avenue }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 17, 1897

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Anna Catherine Heister

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

2

Months,

24

Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

85 Scott St

Cause of Death,

{ First (Primary), }

Cholera Infantum

{ Second (Immediate), }

Convulsions

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician

Place of Burial,

Balto Cemetery

Date of Burial,

June 19th

{ Undertaker,

Consad Heister

{ Place of Business,

231 Henrietta St.

Address

320 W. Lombard St

J. M. Weber

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18472

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 17 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Robert Parker Cook

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

9

Months,

24

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

197 Hanover

Cause of Death, { First (Primary), Second (Immediate), }

Whooping Cough.
Cholera Infantum
12 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

June 18 1877

Thomas B. Arnold M. D.
Medical Attendant.

{ Undertaker,

Amos & Sons

{ Place of Business,

No. 263 Light St.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18273

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 17. 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Unknown

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, _____ Years, _____ Months, _____ Days.

White

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Off Brown's Whf

Cause of Death, { First (Primary,) Second (Immediate,) }

Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, E P Cementery

Date of Burial, June 17

{ Undertaker, Charles Treason

{ Place of Business, Pratt & Chester St

W C Ireland

M. D.

Coroner E. Dist.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18274

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } - Willie Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 7 Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Bald City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

6 Clarkson's Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Convulsion

Duration of Last Sickness,

one day

All the above information should be furnished by the Physician.

Place of Burial, A. A. Comd

Date of Burial, June 18th 1877

James H. Stearns

M. D.

{ Undertaker, Nereules Ross

{ Place of Business, 180 West St

Address Comptroller of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informant Susan Butler Midway [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 18 1877 1 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adam Boyer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 34 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Cigar Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 188 Canby Avenue

Cause of Death, { First (Primary,) Pulmonary Consumption
Second (Immediate,) }

Duration of Last Sickness, Several Years.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 18

{ Undertaker, Wendelin Dippel

{ Place of Business, S. Bond St. 161

James E. Dinnell M. D.
Medical Attendant.

Address 279 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas H. + Sarah R. Burgan

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, one Day.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt City

Duration of Residence in the City of Baltimore, 1 day

Place of Death, { Give street and number. } 15 Burke St

Cause of Death, { First (Primary,) _____
Second (Immediate,) } Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, June 18th 1877

{ Undertaker, Hend Bishop } Address James H. Stenoh, M.D.

{ Place of Business, S. Bond St } Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Mrs Wiley, Midwife [OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma Browning

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 23 Years,

4

Months, 9

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Entire life time

Place of Death, { Give street and number. }

160 Chesnut St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Valvular Disease of Heart.

Duration of Last Sickness,

Cyanosis
About five weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 18 1877

Undertaker, James D. Byrne

Place of Business, No 63 N Front St

D. M. B. Athell

M. D.

Medical Attendant.

Address 1 1/2 S Euter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Mc Givney
Sex, Male or Female, { Cross out the word not required in this line. } male
Age, 7 Years, Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, since birth
Place of Death, { Give street and number. } St. Elizabeth St
Cause of Death, { First (Primary,) Second (Immediate,) } Scarlatina
Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, June 18 1877

Undertaker, James D. Byrne

Place of Business, No 68 N Front St

J. D. Brown

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18279*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death, of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH:

Date of Death, *June 16. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ruby Knapp*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *2* Years, *3* Months, Days.

Color, *White* Sex, *male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *365 Cathedral Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *6 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus* *J. B. Browne* M. D.

Date of Burial, *June 18th 1877* Medical Attendant.

{ Undertaker, *Chas. T. Driver* Address *307 Madison St*
{ Place of Business, *27 N. E. Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18280

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, 4 Months, Days.

Color, white Sex, Single

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Church, M. D.

Date of Burial, June 19th 1877 Medical Attendant.

{ Undertaker, Chas. T. Skriver, 248 Madison Ave Address

{ Place of Business, 271 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18281

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 18th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis Henig

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 yrs Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt.

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, { Give street and number. } Balt. Infirmary

Cause of Death, { First (Primary,) Fract both Legs amputation one
Second (Immediate,) Asthenia

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, June 19th 1877.

{ Undertaker, J. B. Cook

{ Place of Business, 707 St. Balt. St. Balt. Md.

T. A. Ashby M. D.
Medical Attendant.

Address Union Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18282

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

3 Church St

Cause of Death, { First (Primary,) Second (Immediate,) }

Hydrocephalus Congenitus

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial,

St. Agnes

Date of Burial,

June 15

{ Undertaker,

A. Hockhausen

{ Place of Business,

345 Light St.

Address N.E. Co. Sharp's Company

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 18283

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 18-77

{ Undertaker, C. A. Krause

{ Place of Business, 209 Hanover

Address

17 Hann ad

H. B. Bobble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *18284*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Annie Gumpman

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

2 Years,

7 Months,

14 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

*276. S. Sharp
Scarlatina*

Cause of Death, { First (Primary,)
Second (Immediate,) }

*Bright's disease
1 week*

Duration of Last Sickness,

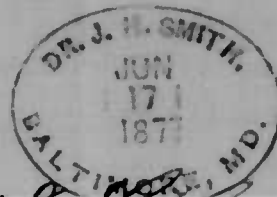
All the above information should be furnished by the Physician.

Place of Burial, *St. Stephen's*

Date of Burial, *June 18 1877*

{ Undertaker, *C. A. Brown*

{ Place of Business, *209 Hanover*



M. D.
Medical Attendant.

Address *108 S. Sharp St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Chas H Beachum

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 200 Years, Months, 21 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number. } 277 N Duane St

Cause of Death, { First (Primary), Second (Immediate), } Whooping cough

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 19th 1877

{ Undertaker, Hays & Co

{ Place of Business, 65 S Broadway Address, Asquith & Payne

H C Nelson M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 17th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Wagner

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Years,

2

Months,

23

Days.

Color,

R

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt. City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

40 Rue St.

Cause of Death,

First (Primary).

Second (Immediate.)

Cholera Infantum

Duration of Last Sickness,

Five (5) days

All the above information should be furnished by the Physician.

Place of Burial,

Old Cathedral Cemetery

Date of Burial,

June 18th 1877

Undertaker,

H. H. Gibmeyer

Place of Business,

341 Canton St.

Address

J. E. McKim M. D.
Medical Attendant.
77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18287

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Leaches Young
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 45 Years, Months, Days.
Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } unknown
Duration of Residence in the City of Baltimore, 50

Place of Death, { Give street and number. } 4 Arcade Alley

Cause of Death, { First (Primary,) Second (Immediate,) } Mania Pottea
Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. Pub Cemetery
Date of Burial, June 17th 1877
Undertaker, M. H. C. Perry
Place of Business, Pratt St
Address, Commis of Health & Registrar
J. A. Stenard M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1877.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Charles Messmer.

Sex, Male or Female, Cross out the word not required in this line.

Age, Years, 4. Months, 13. Days.

Color, White.

Married, Single, Widowed or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. No. 336 Mulberry St

Cause of Death, First (Primary,) Second (Immediate,) Cholera Infantum.
Convulsions

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 19th 1877

Undertaker, P. Kimmert

Place of Business, Mulberry St

L. C. Horn.

M. D.

Medical Attendant.

Address No. 326 Mulberry St
per G. W. Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 77 Years, Months, Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Nurse

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, { Give street and number. } 1100 North Avenue

Cause of Death, { First (Primary,) } Diphtheria

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 19/97

Undertaker, W. W. Jenkins & Co

Place of Business, 16 Light St.

Address, 1100 North Avenue

Geo H. Gault M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Color,

White

5 Months,

Days.

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number }

Cause of Death,

{ First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Mount Olivet Cem.

June 18 1877

Armstrong & Denny

#263 Light St.

Balto. City

~~22 Basse St.~~ 26-Leovington St

~~Hooping~~
Cholera Infantum
2 days

R. J. H. Tall

M. D.

Medical Attendant.

Address 158, L. Shays St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

have no blanks,

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

6

Months,

Days.

Color,

Colored.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Jun 16th 77
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lure Dashiell
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 68 Years, Months, Days.
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, wash woman
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Somerset Co Md.
Duration of Residence in the City of Baltimore, 3 weeks
Place of Death, { Give street and number. } No 6 Short st
Cause of Death, { First (Primary,) Debility
Second (Immediate,) Irritative fever
Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
Date of Burial, June 18 1877
{ Undertaker, J. M. Dargle
Place of Business, 210 E. East st }
John H. Conner M. D.
286 E. Pratt st.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18293

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Color, Months,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker, }

{ Place of Business, }

Geo. S. Kinnear M. D.
Medical Attendant

Address 73 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 18294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Nennetta Affers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

4 Months,

9 Days.

Color,

Cobalt

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth). }

Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

33 S. Central Av.

Cause of Death, { First (Primary).
Second (Immediate). }

Cholera Infantum
1 week.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Lowell cemetery

Date of Burial,

June 18.

{ Undertaker,

John W. Lake

{ Place of Business,

593. Wolfe St

R. J. H. Tall M. D.
Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th June 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Frances Sickles

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 11, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City -

Duration of Residence in the City of Baltimore, 11 months -

Place of Death, { Give street and number. } N. W. Cor. Mulberry & Ave.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18

Undertaker, John A. Loh

Place of Business, 59 S. Wolfe St

Address Broadway & Madison St

Wm. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 17 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Weber.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, Months, 20 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } No 763. W. Pratt St

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 18 1877

L. C. Horn M. D.
Medical Attendant.

{ Undertaker, John P. Paulus

{ Place of Business, 66 Fredrick Ave

Address No 226. Mulberry St
per G. W. M.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18297 ~~XXXX~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

George John Schmidt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~4~~ Years,

4

Months,

3

Days.

Color, white

Sex,

male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore, Prop St 172

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Prop 172
Chorea Infantum
Convulsions
9 days

Cause of Death, { First (Primary,)
Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

June 19th 1877

G. Lieberman,

M. D.

Medical Attendant.

Underlaker,

Julius Kuebler

Place of Business,

Shimp St

Address

68 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 18298

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Knight

Sex, ~~Male~~ Female, { Cross out the word not required in this line, }

Age, Eighty Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line, }

Occupation, Nurse

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 312 N. Caroline St

Cause of Death, { First (Primary,) Senility
Second (Immediate,) Exhaustion

Duration of Last Sickness, I saw her but once 3 hours before death

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, June 18th 1877

Undertaker, Wm. H. Hickman

Place of Business, 234 Ch. Bay St.

A. Hartman

M. D.

Medical Attendant.

Address 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 15-

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Daisy S. Tolson

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

1.

Years,

1.

Months,

Color,

Black

Days.

Married, Single, Widore or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

190

Hammita St

Cause of Death,

First (Primary.)

Phthisis

Second (Immediate.)

Diarrhea

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician

Place of Burial,

Laurel Cemetery

Date of Burial,

June 18 77

Undertaker,

W. H. Hand

Place of Business,

408 Howard St

Address

146 Handson St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18300

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18301

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 16th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Emme Bagger

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

22 Years,

Months,

Days.

Color,

Cd

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

12 Years

Place of Death, { Give street and number. }

97 Chestnut St
Pulmonary Consumption

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

Some weeks (only saw her twice)

All the above information should be furnished by the Physician.

Place of Burial,

Marble Cemetery

Date of Burial,

June 18th 1899

{ Undertaker,

S. P. Moore

{ Place of Business,

418 Howard St

W. W. Astum

M. D.

Medical Attendant.

Address

192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18302

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 28 Years, Months, Days.

Color, Colored

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laundress

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Galveston Texas

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number. } 272 York St.

Cause of Death, { First (Primary,) Second (Immediate,) } Inflammation of Ovary
Peritonitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18. 1877

{ Undertaker, Samuel W. Chase

{ Place of Business, 198 S. Howard St

R. M. Hall M. D.
Medical Attendant.

Address 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18303

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha Brown
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, 1 Years, 4 Months, 16 Days.

Color, Black
Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), ...
Second (Immediate), ... }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by Herbert her Aunt [OVER.]

Board of Health, City of Baltimore,

Permit No. 183114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 17th 77
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Raymond John Snow
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 8 Years, Months, Days.
Color, white
Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
Occupation, none
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, all of his life
Place of Death, { Give street and number. } 275 W Lombard St.
Cause of Death, { First (Primary,) Meningitis
{ Second (Immediate,) 3 days.
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, Bony Bred
Date of Burial, June 20th 1877
Undertaker, Jacob Weaver
Place of Business, 109 A C Street Baltimore Address
H. C. Smith, M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18305,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for out, to the Undertaker or other person superintending the burial, within twenty-four hours of the death of such person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Barber
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 4 Years, Months, Days.
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 89 Canal alley
Cause of Death, { First (Primary.) Typhoid Fever
Second (Immediate.)
Duration of Last Sickness, 1 1/2

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
Date of Burial, June 19 1877
{ Undertaker, A. C. Proctor, Address, Commissioner of Health
{ Place of Business, 38 Enoch St. Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Dr. Proctor [OVER.]

Board of Health, City of Baltimore,

Permit No. 18306

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

George Lawson Richards

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Eight (8)

Months,

26

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

63 Mc Elderry near East St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Cholera Infantum

Duration of Last Sickness,

Three (3) days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 19th 1877

{ Undertaker,

John Herwig

{ Place of Business,

386 Orleans

Address

11 So Broadway

G. Lawson Richards M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Elizabeth~~ Fanny Katz

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } female

Age, Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 82 N. Dmham St.

Cause of Death, { First (Primary,) Second (Immediate.) } Cholera Infantum
convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Ohet. Sholem Cemetery

Date of Burial, June 19th 1877

Undertaker, H. Langgood

Place of Business, 81 E. Eough St

Address, Balt. & Wash. St.

H. Langgood, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18308

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 18th*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Howard Lewis Cole*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } *Male.*

Age, *1* Years, *11* Months, *1* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *44 West St.*

Cause of Death, { First (Primary.)
Second (Immediate.) } *Pneumonia*

Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olive Cemetery*

Date of Burial, *June 19th*

{ Undertaker, *B. Hard*
Place of Business, *411 Light St.* }

J. E. Harrington M. D.
Medical Attendant.

Address *331 Light St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18309

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hilarius Schuman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 32 Years, Months, Days.

Color, White

Married, Single, Widowed, { Cross out the words not required in this line. } Single

Occupation, Sailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany (19 yrs in America)

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, { Give street and number. } St. Joseph's Hospital

Cause of Death, { First (Primary), Perinephritic Abscess
Second (Immediate), Exhaustion from suppuration

Duration of Last Sickness, About 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 18

Undertaker, Wendelin Dippel

Place of Business, S. Bond st. 181

Address, 188 W. Calvert St.

Year J. C. Cistery M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

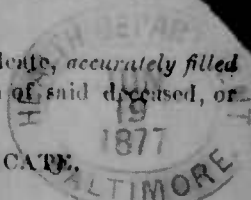
Board of Health, City of Baltimore,

Permit No. 18311

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 18th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Frederick Claus

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

15 Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No. 122 S. Bond

Cause of Death,

First (Primary.)

Second (Immediate.)

Convulsion

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore cemetery

Date of Burial,

June 20

Undertaker,

Wendelin Dippel

Place of Business,

S. Bond st. 131

R. W. Mansfield

M. D.

Medical Attendant.

Address

117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah R. Manley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years,

3 Months,

18 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

life

Place of Death, { Give street and number. }

57 St Peters St

Cause of Death, { First (Primary), Second (Immediate), }

Diphtheria

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

Against Olisethon Abbey

Date of Burial,

June 20th 1877

M. D.

{ Undertaker,

Julius Kachler

Address

762 Paca St

{ Place of Business,

Cav Sharp & Co. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18312

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 17 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary E. Mason

Sex, Male or Female, { Cross out the word not required in this line. }

F.

Age, 36 Years,

Months,

Days.

Color,

W.

Sex,

F.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. Co.

Duration of Residence in the City of Baltimore,

10 days.

Place of Death, { Give street and number. }

154 Monument St.

Cause of Death, { First (Primary), }

Puerperal Fever

Second (Immediate),

Gastro-Enteritis

Duration of Last Sickness,

7 wks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 18 1877

H. F. Remond M. D.

Medical Attendant.

{ Undertaker, Wm. H. Hickman

{ Place of Business, 254 N. Gay St.

Address

186 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18314

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Priscilla Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 66 Years, Months, Days.

Color, white

Sex,

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Five

Place of Death, { Give street and number. } 393. Park Ave

Cause of Death, { First (Primary,) Second (Immediate.) } Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Pymansville M.D.

Date of Burial, June 19th 1877

John J. Titus M. D.
Medical Attendant.

{ Undertaker, Jacob Heanes

{ Place of Business, No 486 Druid Hill

Address 77 Nord E. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 808

[OVER.]

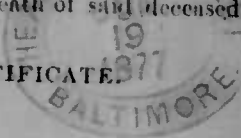
Board of Health, City of Baltimore,

Permit No. 18315

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 18th 1897
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Tumble
 Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
 Age, 56 Years, _____ Months, _____ Days.
 Color, white
 Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, Shoemaker
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany 30 years
 Duration of Residence in the City of Baltimore, 20 years
 Place of Death, { Give street and number. } 82 Marsh Market Space
 Cause of Death, { First (Primary,) Obesity & fatty heart probably 28 lbs
 Second (Immediate,) Cholea morbus }
 Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Balti Cem
 Date of Burial, June 19-97 Edmund R. Walker M. D. Medical Attendant.
 { Undertaker, John J. Rodman Address Corona N P D
 { Place of Business, Car Summerfare
in monument 17

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18316

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 18th 77*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Lewis Lewis Sevee*

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *52* Years, Months, Days.

Color, *white*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, *machinist*

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} *France* *22 years*

Duration of Residence in the City of Baltimore, *10 years*

Place of Death, {Give street and number.} *54 North Market Space*

Cause of Death, {First (Primary.)} *Phtisis*
{Second (Immediate.)} *pulmonary*

Duration of Last Sickness, *2 years*

All the above information should be furnished by the Physician.

Place of Burial, *E P Clementon*

Date of Burial, *June 18th*

{Undertaker,} *Charles Straper*

{Place of Business,} *Pratt & Chester St*

Edm J Walker M. D.
Medical Attendant.

Address *Corona M D*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18817

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 16th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Ann Thomas

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

One (1)

Months,

Ten (10)

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

14 Harris Alley

Cause of Death, { First (Primary),
Second (Immediate), }

Pertussis
& exhaustion

Duration of Last Sickness,

Ten (10) days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 17th 1877

Undertaker, John W. Locks

Place of Business, 378 S. W. 1st St

Address

7th So. Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 17.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annie Schay

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

30 Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Unknown - Harrisburg Pa

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

36 N. Dallas St.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Gastritis -
Valvular Disease of the Heart
& Dropsy.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

E. Pub Cemetery

Date of Burial,

June 19 1877

M. D.

Medical Attendant.

Undertaker,

Chas. Sheepler

Place of Business,

Pratt St

Address

104 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,
Permit No. 18319 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Kelly
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 7 Years, 2 Months, Days.
Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, June 19th 1877

Undertaker, John M. Mather

Place of Business, 48 150 Broadway

A. L. Spicer M. D.
Medical Attendant.

Address 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18320

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Margdalena Blume

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 2

Years,

7

Months,

Color, White

Sex,

Female

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 44 Lancaster Street

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough

Convulsions

Duration of Last Sickness,

Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Jan 19th 1878

A. Gindemals

M. D.

Undertaker, Leonard Vurr

Medical Attendant.

Place of Business, S. Bond St. N. 277

Address

88 N. Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18321*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 17 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary White*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *34* Years, *0* Months, *0* Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Pottsville Pa*

Duration of Residence in the City of Baltimore, *7 years*

Place of Death, { Give street and number. } *No 82 Sterling St*

Cause of Death, { First (Primary,) Second (immediate,) } *Carcinoma of Stomach*

Duration of Last Sickness, *4 months*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*

Date of Burial, *June 19th*

J. Ridgway Andre M. D.
Medical Attendant.

{ Undertaker, *Wm. Fry*

{ Place of Business, *54 N. Broadway* Address *No 121 E. Baltimore St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of legitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18322

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, June 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edw. Rose

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 12 Years, Months, Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 64 S. Bethel St.

Cause of Death, { First (Primary,) Second (Immediate,) } Heart mms
Exhaustion

Duration of Last Sickness, 4 Month

All the above information should be furnished by the Physician.

Place of Burial, Calvary Cem

Date of Burial, June 21 1877 G. Blawie, M. D. Medical Attendant.

Undertaker, John W. Locks

Place of Business, 59 S. Wolf St Address Balt. & Arch. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18323

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Fellwack

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 52 Years, _____ Months, 8 Days.

Color, White

Married, ~~Single~~, { Cross out the words not required in this line. } Married

Occupation, Mariner

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Prussia

Duration of Residence in the City of Baltimore, 24 years -

Place of Death, { Give street and number. } No. 308 Mechanica St

Cause of Death, { First (Primary,) - Asthma -
Second (Immediate,) (Disease of the Valves of the Heart)
- 8 weeks -

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 20th 1877

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton St.

Thomas J. Evans, M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

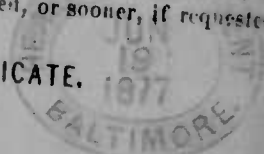
OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 19 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Florence F. Ellsworth

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

Months,

10 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

C. Wolf & Monument

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum
& mal

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Balto Cemetery

Date of Burial, June 20 1877

Undertaker, William Fox

Place of Business, Broadway

Address 124 E Balto

M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

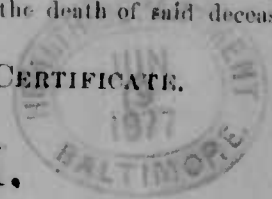
Permit No. 18325

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary A Brooks

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 26 Years,

Months,

Days.

Color,

Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

8 Shields Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Premature Confinement

Hemorrhage

Duration of Last Sickness,

Twenty hours

All the above information should be furnished by the Physician.

Place of Burial, ~~Sharp St~~ Cemetery

Date of Burial, June 20th 1877

Undertaker, William L Gray

Place of Business, 60 Mulberry St

John Pennington

M. D.

Medical Attendant.

Address 98 St Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18326

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lina Quarren

Sex, Male ☒ Female, { Cross out the word not required in this line. }

Age, — Years, — 3 Months, 15 Days.

Color, White Sex, —

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } No 144 Mc Elclery St.

Cause of Death, { First (Primary,) Cholera Infantum.
Second (Immediate,) }
Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Vernon

Date of Burial, June 20 1877, Francis S. Sauer, M. D.
Medical Attendant.

{ Undertaker, Henry Plender
Place of Business, 152 N. 10th St. Address 105 Jefferson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18327

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 18th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Maggie Horcher*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *Twenty one* Years, *2* Months, *—* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *City.*

Duration of Residence in the City of Baltimore, *21 years*

Place of Death, { Give street and number. } *242 South Durham St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Congestion of brain*

Duration of Last Sickness, *2 years*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsis Cemetery*

Date of Burial, *June 20th 1877*

{ Undertaker, *H. Froehlich* } *D.C. Ireland* M. D.

{ Place of Business, *246 Eastern Ave.* } *Coroner. East Dist.* Medical Attendant.

Address *—*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18328

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah R. Gardner.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 31 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 600 W. Baltimore St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Haytown Park

Date of Burial, July 2nd 1877

{ Undertaker, Blackiston & Son, Address 353 Franklin St. } M. D.

{ Place of Business, 606 W. Baltimore St. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 18 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosannah E. Walker

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 44 Years, 8 Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Washington D C

Duration of Residence in the City of Baltimore, 26 yrs -

Place of Death, { Give street and number. } 258 W. Pratt st

Cause of Death, { First (Primary,) Phthisis Pulmonalis
Second (Immediate,) Exhaustion }

Duration of Last Sickness, About one year -

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, June 20th

{ Undertaker, Wm. M. Leonard & Son Address 119 Schumacher Ave
Place of Business, 782 W. Baltimore st }

J. H. Harvey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. *118330*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *June 18th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Alexander Hall*
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, *—* Years, *4* Months, *—* Days.
 Color, *Blk*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Church* *James A. Stearns* M. D.

Date of Burial, *June 20 1877*

{ Undertaker, S. W. Chase Address Commis of Health }
{ Place of Business, Howen } *J. Rogers*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informative Ben Hall Father [OVER.]

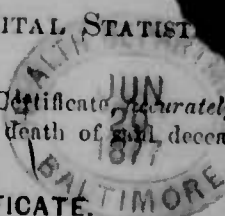
Board of Health, City of Baltimore,

Permit No. 18331

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately and out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *June 19th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Martin Lehman*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *3* Years, *3* Months, *3* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *No 241 N. Lombard St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *3 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Old Sholam Cemetery*

Date of Burial, *June 20th 77* *Samuel M. Hamble* M. D. Medical Attendant.

{ Undertaker, *Wm Eilau*

{ Place of Business, *101 Gough St* Address *2123 N. Lombard St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18334

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 19th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Leonard P. Phelps

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Years,

8 Months, 20

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore city

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

738 Baltimore St

Cause of Death, { First (Primary), Second (Immediate), }

Tubercular meningitis

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial, Lincoln Park Cemetery

Date of Burial, June 20th 1877

{ Undertaker, Hughes & Co
Place of Business, 315 1/2 Fayette St

J. G. Smith M. D.
Medical Attendant.

Address # 584 St. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18333

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 19th 1877.

Full Name of Deceased, { Write fully and spell correctly. If an infant not named, give names of parents. }

Mary Pribe

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 78 Years,

Months,

Days.

Color, White

Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, Ten years

Place of Death, { Give street and number. }

55 S. Bond St

Cause of Death, { First (Primary), Second (Immediate), }

Apoplexy

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cmet.

Date of Burial, June 20th 1877.

D. Webster Cathell M. D.
Medical Attendant.

{ Undertaker, L. Ritz.

{ Place of Business, No. 124 1/2 S. Broadway

Address No 211 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18334

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, June 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore

Date of Burial, June 20th 1877

{ Undertaker, A. H. H. }

{ Place of Business, 24th St. Baltimore }

Balt. Med. Since birth
60 N. Chapel St.
Cholera & Typhoid
Meningitis,
4 weeks

C. Clawley, M.D.
Medical Attendant.

Address Balt. & Arch. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18335

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 18331

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2 1/2 P.M. June 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Frederick Bolsh

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Seven 7 Months, Days.

Color, White, Sex, Male; twin both males

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 18337

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, One Years, Nine Months, Forty-two Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20, 1877

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore Balto. Md.

Address #584 N. Fayette St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18338

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1897
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Edward Berans
Sex, Male or Female, { Cross out the word not required in this line. }
Age, Years, 4 Months, 8 Days.
Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 4 months & 8 days

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20th 1897

Undertaker, William Gray

Place of Business, 54 North Broadway

Address

Broadway & Madison St

Wm. L. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18339

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

~~Joseph Lewis~~ June 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph Lewis

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

Years,

10

Months,

Days.

Color,

Cal

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

16 Pierce St

Cause of Death, { First (Primary),
Second (Immediate), }

Nothing
Cholera Infantum
From (4) days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 20th 1877

W. H. Hutton

M. D.

Medical Attendant.

{ Undertaker, Jacob Meares

{ Place of Business, 144 E. Second St

Address

192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18340

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 20 - 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charlotte Thomas

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 30 Years,

Color, ~~White~~

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~W. Public Cemetery~~

Date of Burial, June 20th 1877

{ Undertaker, M. H. C. Perry

{ Place of Business, Pratt St

Address Edmondson Ave
near Carrollton Ave

John S. King M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18341

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 20 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Emily Elizabeth Rossiter*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, Years, *4* Months, *4* Days.

Color, *W*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *N. 208 N. Calvert St.*

Duration of Residence in the City of Baltimore, *4 mo*

Place of Death, { Give street and number. } *N. 208 N. Calvert St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Chol infant*

Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *Lancaster Pa.*

Date of Burial, *June 21st 1877.*

{ Undertaker, *F. N. Trall*

{ Place of Business, *131 Hanover St.*

Address *25 Franklin St.*

J. H. Patton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 809

[OVER.]

Permit No. 18342

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 19th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Francis P. Pendergast*
Sex, Male or Female, { Cross out the word not required in this line. } *male*
Age, _____ Years, *2* Months, *27* Days.
Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *service term*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *St Vincent's Cemetery*

Date of Burial, *June 20th 1877*

{ Undertaker, *James P. Byrne*

{ Place of Business, *No 13 N Front St*

Address *27 N. Broadway*

J. J. D. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18343

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Burk Meutzel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 5 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 15 S. Ann Street

Cause of Death, { First (Primary,) Croupous Pneumonia
Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 10 weeks - duration of my attendance 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. Co.

Date of Burial, 21 June 1877

{ Undertaker, Wm. Nicolais

{ Place of Business, 258 N. Ann St.

Address, 68 S. Broadway

Thos. C. M. M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18,341

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, and sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Abraham Nixon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 10 Years, 1 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Virginia

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, { Give street and number. } Broadway Court

Cause of Death, { First (Primary,) } Consumption

{ Second (Immediate,) }

Duration of Last Sickness, 3 Mos.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, Aug. 20, 1877

{ Undertaker, Ch. S. Sturges } Address, corner of Health

{ Place of Business, Cor. Baltimore & Health }

Medical Attendant, J. M. Stenor, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from M. Stenor [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 20.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ida Abram

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

17 Years,

Color,

White

Months,

Days.

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Single

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Balto. Md

Duration of Residence in the City of Baltimore,

All her life

Place of Death, Give street and number.

55 S. Carrollton ave.

Cause of Death, First (Primary),

Second (Immediate),

Pachitis

Duration of Last Sickness,

hemiparesis 7 to 9 months

All the above information should be furnished by the Physician

Place of Burial,

Balto Cemetery

Date of Burial,

June 21st 1877

Undertaker,

Jos. B. Cook

Place of Business,

707 W. Baltimore St

Address

M. D. Medical Attendant
H. G. Graft

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18346

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Martha Jane Bowley, Graham.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

5 Months,

6 Days.

Color,

Color

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

33 S. Central Av.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Cholera Infantum,
9 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bornis Cemetery

Date of Burial, June 20.

{ Undertaker, Samuel W. Chase

{ Place of Business, 174 S. Howard St

R. J. H. Tall, M. D.
Medical Attendant.

Address 158 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18347

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Madorn Williams

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 8 Years, 6 Months, Days.

Color, Colored Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 75 South Anne St

Duration of Residence in the City of Baltimore, 8 years 6 months

Place of Death, { Give street and number. } 403 Wilkeson Court

Cause of Death, { First (Primary) } Scrophulous & Rhooping Cough
{ Second (Immediate) } Phthisis Pulmonalis

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, June 20th 1877

Date of Burial, Laurel Cemetery

{ Undertaker, Wm. J. Gray } Address 180 N. E. 1st St

{ Place of Business, 65 Mulberry St }

J. S. Gillies M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18348

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William E. Brown

Sex, Male or ~~Female~~ { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 133 Sharp St alley

Cause of Death, { First (Primary,) Second (Immediate,) } Chol Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21 1877 M. D.

{ Undertaker, A. W. Chase Address Commissioner of Health

{ Place of Business, Howard St Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of birth and death of illegitimate children.

Information Isabella E. Wilson [Signature]

Board of Health, City of Baltimore,

Permit No. *18349*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 19th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Flourie Elizabeth Polman*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Two* Years, Months, *Two* Days.

Color, *red*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Letter Mc Eldry st No 72*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*
Convulsions

Duration of Last Sickness, *Thirty Six hours*

All the above information should be furnished by the Physician

Place of Burial, *Laurel Cemetery*

Date of Burial, *June 20th 1877*

E. C. Baldwin M. D.
Medical Attendant.

{ Undertaker, *Wm. H. Berchok Jr.*

{ Place of Business, *100 Bruce Street*

Address *124 N. E. Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18357)

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 19th 1877

Full Name of Deceased, { Write legibly and spell
correctly. If an infant
not named, give names
of parents }

Unnamed Child

Sex, *Mate* or *Female*, { Cross out the word not
required in this line. }

Age,

Years,

Months.

Days.

Color,

Colored

See,

Give

Married, Single, Widow or Widower, { Cross out the words not }
 { required in this line. }

Occupation,

Birthplace, { State or country (and how
long in the United States, if
of foreign birth. }

31 Grand Hill Ave

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and
number. }

Cause of Death, { First (Primary,)
 { Second (Immediate,)

Immature - 6 1/2 months of life.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, June 20th 1877

(Undertaker, Wm. F. Bishop, Jr.

Place of Business, 103 Ave. C, New York

Address

T. Winslow M. D.
Medical Attendant.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 18357

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 18/77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catharine Bindewald*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, _____ Years, *6* Months, _____ Days.

Color, *White* Sex, *Female*

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *Life Time*

Place of Death, { Give street and number. } *142 Harmony Lane*

Cause of Death, { First (Primary,) Second (Immediate,) } *Chorea Infantum, Hydrocephalus.*

Duration of Last Sickness, *about four weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *June 19th* *H. R. Petterhoff M. D.*
Medical Attendant.

{ Undertaker, *C. Wiegand*

{ Place of Business, *53 Druid Hill Ave* Address *77 George St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18352,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years,

Color, _____ Months,

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. } Days.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 21

{ Undertaker, Wendelin Dippel

{ Place of Business, S. Bond St. 151

Thomas J. Evans M.D.
Medical Attendant.

Address 18 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Health, City of Baltimore,
Permit No. 18353 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Kraft
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, _____ Years, 8 - Months, 28 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore, _____
Place of Death, { Give street and number. } 7 Somerset St
Cause of Death, { First (Primary,) Second (Immediate,) } Cholera infantum
Duration of Last Sickness, Two days
All the above information should be furnished by the Physician.
Place of Burial, St. Stephen's Cemetery
Date of Burial, June 21st
{ Undertaker, Geo. Schilling
Place of Business, Ashland Square
Address _____
M. D. _____
Medical Attendant, _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Health, City of Baltimore.

Permit No. 18354

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate; accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 20th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Elisabeth Constance

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

7

Years,

8

Months,

22

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Beth City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 372 N. Gay St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Uraemic Convulsions

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 22nd

Chas. J. Kueber M. D.
Medical Attendant.

{ Undertaker, Geo Schilling
Place of Business, Ashland Square }

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18355

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 19, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henry Collins
Male

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

9 Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

2 Hamilton St.

Cause of Death, { First (Primary),
Second (Immediate), }

Hydrocephalus

Duration of Last Sickness,

Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

W. H. Thompson, M. D.
Medical Attendant.

Date of Burial, June 20, 1877

{ Undertaker, J. W. Chase

{ Place of Business, 5019 Howard

Address

41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18357

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 19th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Bertram

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

4

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

404 Canton Avenue

Cause of Death, { First (Primary.)
Second (Immediate.) }

Cholera Infantum

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Andrew's

Date of Burial, 21st June

Undertaker, John Brown

Place of Business, E. E. Brown

Address

68 E. Broadway

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18357

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, *Male* or *Female*, { Cross out the word not
required in this line. }

Age, *Six* Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not }
 { required in this line. }

Occupation,

Birthplace, { State or country (and how
long in the United States,
if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and
number. }

Cause of Death, { *First (Primary,)*
 Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, June 21st 1877

Undertaker, *H. M. Gilmer*

(Place of Business, 341 Canton St.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18358

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 19 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Ed Johnson

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, one Years, Months, Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 189 S. Durham St

Cause of Death, { First (Primary,) } Cholera Infantum
{ Second (Immediate,) }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, June 21 1877

{ Undertaker, C. Shaffer

{ Place of Business, Pratt St

Address, Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Sarah Frances Johnson
Friend

Board of Health, City of Baltimore,

Permit No. 18359

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Matthews

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Eighty (80) Years, Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Four Years

Place of Death, { Give street and number. } 48 Fairmount Avenue

Cause of Death, { First (Primary,) Second (Immediate,) } Cancer of Stomach
Insanitation

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 21st

{ Undertaker, Leo Schilling

{ Place of Business, Ashland square

John S. Lynch M. D.
Medical Attendant

Address S. E. Cor. Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 18360

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 20, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Kate Mc. Bernier

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

five

Months,

Days.

Color,

White

Sex,

Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

84, Gough St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 14, Walnut Alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

About two weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Mary's C.

Date of Burial,

June 21,

Samuel H. Henry, M. D.
Medical Attendant.

{ Undertaker,

Th. Schilling

{ Place of Business,

72, Penn. a.

Address 198, Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

At No. 18361

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1877.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary Andrew Harris

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, _____ Years, Six Months, _____ Days.

Color, White Sex, female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, Infant

Birthplace, State or country (and how long in the United States, if of foreign birth.) 15-5 Grand Hill Ave

Duration of Residence in the City of Baltimore, life

Place of Death, Give street and number. 166 Dolphin St.

Cause of Death, First (Primary), Second (Immediate,) Encephalitis

Duration of Last Sickness, Several days - I saw the case but once.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 21

Alfred Hughes M. D.
Medical Attendant

Undertaker,

Place of Business,

E. H. Bizzard
201 Penn av

Address 234 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

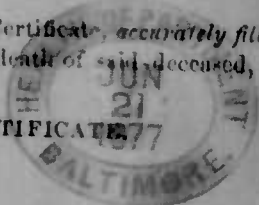
Board of Health, City of Baltimore,

Permit No. 18362

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 19th 1877-

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Virginia Ann Stanley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years,

14

Months,

Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

#47 Bruce St

Cause of Death, { First (Primary.)
Second (Immediate.) }

Phthisis Pulmonalis

Exhaustion

Duration of Last Sickness,

About One Week

All the above information should be furnished by the Physician.

Place of Burial, Levens Cemetery

Date of Burial June 21 1877

{ Undertaker, William H. Hargreaves }

{ Place of Business, No 108 Stockhol

Address

Benj. H. Hargreaves M. D.
Medical Attendant.

B. H. Hargreaves

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 18363,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 19th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Mason*
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, *7* Years, *1* Months, *24* Days.
 Color, *Colored*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balt City*
 Duration of Residence in the City of Baltimore, *Life time*
 Place of Death, { Give street and number. } *252 McDonough St*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Rachitis*
Pneumonia
 Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *Lanel Cemetery*
 Date of Burial, *June 20. 1877*
 { Undertaker, *William A. Longene*
 Place of Business, *62 East St*

W. W. White, M. D.
Medical Attendant.

Address

341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18364

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 20

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew Rontz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, 1 hour Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 3 Edmest 137.

Cause of Death, { First (Primary,) Premature Birth
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, June 21 1877 John A. Delmont

M. D.

Medical Attendant.

{ Undertaker, M. F. F. K. Address 10 E. Lenox Street & Edmest St.
{ Place of Business, Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18365,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Huthen

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, Months, Days.

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 153 Eastern Avenue

Cause of Death, { First (Primary,) } Dysentery (Acute)

{ Second (Immediate,) }

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 22nd 1877

{ Undertaker, Kasper Eckhardt

{ Place of Business, No 269 Canton Ave

Thomas J. Evans, M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8366

OFFICE OF REGISTRAR OF VITAL STATISTICS

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Walter H. Bessee



Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years,

6 Months, three weeks, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City -

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, { Give street and number. }

18 N Eden St

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial, Beth Cemetery

Date of Burial, 22d June 1897

D Webster Cathell

M. D.

Medical Attendant.

Undertaker, H. J. Perkins & Son

Place of Business, 16 Light St

Address 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 20th 1877*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Pat. Finan*
 Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
 Age, *40* Years, _____ Months, _____ Days.
 Color, *White*
 Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, *Laborer*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland*
 Duration of Residence in the City of Baltimore, _____
 Place of Death, { Give street and number. } *Balk Infirmary.*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Bright's Disease*
Asthma
 Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross*
 Date of Burial, *June 22 - 77*
 { Undertaker, *C. F. Krause* Address _____
 { Place of Business, *209 Hanover*

J. T. Sledge M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18368

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert. Bland

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 7 Months, 21 Days.

Color, White Sex, Male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 241 Hanover St

Cause of Death, { First (Primary,) Second (Immediate.) } Scarlet Fever with Septicæmic Transition

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 22nd 1877

Undertaker, John S. Throckmorton

Place of Business, No 150 Camden

Address 141 Hanover St

A. C. Burch M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 18369

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 21

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Margarette Goetz

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

18

Years,

10

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Barania Germany

Duration of Residence in the City of Baltimore,

17 years

Place of Death,

Give street and number.

182 Madison Ave

Cause of Death,

First (Primary).

Membrane, Consumption

Second (Immediate).

It was found

Duration of Last Sickness,

100 days

All the above information should be furnished by the Physician

Place of Burial,

Trinity Church

Date of Burial,

June 22nd

Undertaker,

H. Froehlich

Place of Business,

246 Eastern

J. O. Wintermuth

M. D.

Medical Assistant.

Address

12 S. E. 2nd St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18370

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Anna Keltzell

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Female

Age, One Years

Months,

Days

Color,

White

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 32 Thames St

Cause of Death, { First (Primary) Second (Immediate) }

Cholera Infantum

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial, 1st St. Paul's Church

Date of Burial, June 21st 1877

Thomas J. Evans M.D.
Medical Attendant.

{ Undertaker, H. Froehlich

{ Place of Business, 246 Boston St

Address No 18 Lacken Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18371

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 21 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Chas. Wilson Egerton

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

1

Months,

21

Days.

Color,

W-

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

..

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

N- 345 Linden Ave

Duration of Residence in the City of Baltimore,

13 mo. & 26 days

Place of Death,

{ Give street and number }

N- 345 Linden Ave

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

chol. infection

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

June 22nd 1877

{ Undertaker,

John H. Weaver

{ Place of Business,

#22 N. Fayette St.

Address

23 Fremont

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18372

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 21st 1877
Lizzie Orminger

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — Years, 7 Months, — Days.
Color, White Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

32 Knox Al —

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum —
Exhaustion —

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, June 22^d 1877

Benjⁿ Whitley M. D.
Medical Attendant

{ Undertaker, Adam Weidemeyer

{ Place of Business, 518 1/2 W. Baltimore St.

Address "Balto. Genl. Dispt."

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 18373

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Erin McKinnon

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

7

Months,

4

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt. City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

Co. Calhoun & Franklin

Cause of Death,

First (Primary),

Second (Immediate),

Hepatic Congestion
Pneumonia

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Balti. Cemetery

Date of Burial,

June 21, 77

Undertaker,

John J. Piekemeyer

Place of Business,

Cor. Second & Ave

Address

Dr. H. Quinlan

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 18374

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Rogers Marriott

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 7 Months, 1 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 124 S. Sharp St, Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 124 S. Sharp St.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 21st 1877

Undertaker, Joseph T. Byrne

Place of Business, 55th Liberty St

Address, 144 Mulberry St

J. H. Butler M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 18375

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 20th 1897*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Urban Zink*

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, *50* Years, Months, Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Stone Cutter*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *23* years

Place of Death, { Give street and number. } *361 East Madison St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Tubercular Consumption*

Duration of Last Sickness, *7 Months*

All the above information should be furnished by the Physician.

Place of Burial, *L. A. House Ct*

Date of Burial, *June 24 1897*

{ Undertaker, *Henry Beck*

{ Place of Business, *307 N Central Ave*

Address *Broadway & Madison St*

Wm. S. Pomeroy M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18376

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Catholick

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, 6 Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 38 Barnes Street

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) } 2 weeks

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 22nd 1877

{ Undertaker, H. Hoock
Place of Business, Central Ave }

Address, Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by H. Hoock Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1877

Full Name of Deceased, { Write legibly and specify correctly. If an infant not named, give names of parents. } Ida Wright

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 18 Years, Months, Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } Key St Court near Eustaw

Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis Pulmonalis

Duration of Last Sickness, about six mos

All the above information should be furnished by the Physician

Place of Burial, Land Cemetery

Date of Burial, June 21st 1877

{ Undertaker, Braham Wayman

{ Place of Business, 30 So. Calvert Address 118 Edmondson Ave

J Harvey Bell M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If on infant not named, give name of parents.

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Color,

Years,

Months,

Days.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Sex,

Occupation,

Cross out the words not required in this line.

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the undertaker, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 18379

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *21 June 1877*
 Full Name of Deceased, *Anthony*
 Sex, Male or Female, *Male*
 Age, *3* Years, *3* Months, *0* Days.
 Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation,

Birthplace, *Ironding*

Duration of Residence in the City of Baltimore, *2 mo.*

Place of Death, *St. Vincent's Infant Asylum*

Cause of Death, *Marasmus*
Hydrocephaloid compression
24 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Cathartes Cemetery*

Date of Burial, *June 22 1877*

Undertaker, *Samuel Bowen*

Place of Business, *156 Division St.*

Marbury Brewer M. D.
 Medical Attendant.

Address *201 W. Biddle St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

18380

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *20th June 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *James*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, Years, *9* Months, Days.
Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Foundling

Duration of Residence in the City of Baltimore, *House 11 days*

Place of Death, { Give street and number. } *St Vincent's Infant Asylum.*

Cause of Death, { First (Primary,) *Tuberculous Meningitis*
Second (Immediate,) *coma*

Duration of Last Sickness, *when received*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*

Date of Burial, *June 22 1877*

{ Undertaker, *Sam'l Bowen*

{ Place of Business, *136 Division St.*

Marbury Brewer M. D.
Medical Attendant.

Address *201 W. Bidale St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18381

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 21
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } F George Schmid
 Sex, Male or Female, { Cross out the word not required in this line. } Female
 Age, 1 Years, 2 Months, 25 Days.
 Color, White
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } city
 Duration of Residence in the City of Baltimore,
 Place of Death, { Give street and number } 263 E Lombard
 Cause of Death, { First (Primary,) Cholera Infantum
 { Second (Immediate,) }
 Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus cemetery.
 Date of Burial, June 22 1877
 { Undertaker, St Köhler
 { Place of Business, 1446 Lombard St } Address
 Abraham B. Arnold M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.
Permit No. 18382

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 20 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria H. Conrad
Sex, Male or Female, { Cross out the word not required in this line. }
Age, Years, 11 Months, 11 Days.
Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, "

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and number. } 311 N. Street

Cause of Death, { First (Primary,) } Marasmus
{ Second (Immediate,) } one month

Duration of Last Sickness, one month
All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 22nd 1877

{ Undertaker, Hughes & Co
{ Place of Business, 3350 Fayette St

J. H. Dutton M. D.
Medical Assendant.
Address 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18383

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 21st 1877
Randolph Blana

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 3 Months, 12 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

342 North Strickland

Cause of Death, { First (Primary), Second (Immediate), }

Meningitis

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Green Mount

Date of Burial, June 22nd 10 o'clock P.M. W. H. Hiltner, M.D. Medical Attendant

Undertaker, Hughes & Co.

Place of Business, 550 N. Fayette

Address 121 W. Hiltner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18384

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Theodore Bantz Young

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 Years, Months, 2 Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number. } 89 Edmonson Avenue

Cause of Death, { First (Primary,) Malignant Diphtheria
Second (Immediate,) "

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Jos. Lloyd Martin M. D.

Date of Burial, June 22nd 1877 Medical Attendant.

{ Undertaker, Hughes & Co
Place of Business, 350 Fayall St Address No 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18385

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 21st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Robt Henry Riley*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, *2* Months, *—* Days.

Color, *White* Sex, *—*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *224 N. Hollis St.*

Cause of Death, { First (Primary,) *Marasmus*
Second (Immediate,) *—*

Duration of Last Sickness, *Six weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Green Landon Park*

Date of Burial, *June 23rd 1877*

{ Undertaker, *J. B. Crook*
Place of Business, *207 N. Baltimore Baltimore Md.*

Address *508 W. Fayette St.*

John Niff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, June 23

Undertaker, McWhittling

Place of Business, McWhittling

Address 120 Pearl St. Baltimore

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 21st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Margaret Rose*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *73* Years, *2* Months, Days.

Color, *White*

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Pennsylvania*

Duration of Residence in the City of Baltimore, *About 37 Years*

Place of Death, { Give street and number. } *74 S. Stricker*

Cause of Death, { First (Primary), Second (Immediate). } *Stress*

Duration of Last Sickness, *About two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Olivet*

Date of Burial, *June 23rd 1877*

Undertaker, *Adm. Weidmeyer*

Place of Business, *518 1/2 W. Baltimore St.*

W. R. McManis M. D. Medical Attendant.

Address *582 N. Fayette St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18388

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 22nd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Alice Webster

Sex, ~~Male~~ Female,

{Cross out the word not required in this line.}

Age,

Years,

11

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{Cross out the words not required in this line.}

Occupation,

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Balti City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{Give street and number.}

121 Hanover Street Hall

Cause of Death,

{First (Primary),}

{Second (Immediate),}

Concussion of Brain one hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

June 23rd 1877

James A. Stearns

M. D.

{ Undertaker,

Armstrong & Son

{ Place of Business,

Light St

Address

Commissioner of Health
H. Rogers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in case of births and deaths of illegitimate children.

Information George Webster - Father [OVER.]

Board of Health, City of Baltimore,

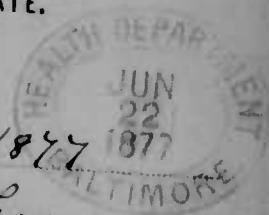
Permit No. 18389

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Margaret Humble

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Female

Age, _____ Years, _____ Months, _____ Days.

18 _____ Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Pallman Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 68 North Wolf St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

Four days

All the above information should be furnished by the Physician.

Place of Burial, Pallman Cemetery

Date of Burial, June 22nd 1877

Undertaker, H. Hofmann

Place of Business, No 63 N. Eden

Thomas J. Evans M. D. Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18390

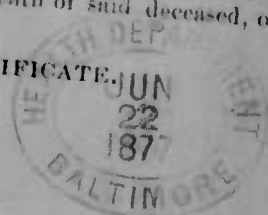
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 21st 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } John Kratz
Sex, Male ~~Female~~, { Cross out the word not required in this line. }
Age, 44 Years,
Color, white Months, Days.

Married, ~~Single~~, { Cross out the words not required in this line. }
Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and number. } 205 S. Howard St

Cause of Death, { First (Primary,) Second (Immediate,) } Dropsy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician

Place of Burial, Ball's Cemetery
Date of Burial, June 24th 1877
Undertaker, H. H. Jenkins
Place of Business, Light St
Address 144 Hanover St
Geo W. Benson M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18391

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

22 June 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Prof. D. A. Brown

Sex, Male or Female,

Cross out the word not required in this line.

Age,

81

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

W. C. Brown

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

1015 N. E. Ave.

Cause of Death,

First (Primary),

Second (Immediate),

Apoplexy & Brain

Duration of Last Sickness,

2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial,

Green Park Cemetery

Date of Burial,

June 22 - 1877

Undertaker,

H. W. Jenkins & Co.

Place of Business,

16 Light St.

Address

17 N. E. Ave.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Reesch
 Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
 Age, _____ Years, 4 Months, _____ Days.
 Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and death of illegitimate children.

Information Michael Reesch Father

Board of Health, City of Baltimore,

Permit No. 18393

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Schwartz
Female

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, on Years, 2 Months, Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 46 Chapel st

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician

Place of Burial,

St Vincent Cemetery

Date of Burial,

June 22nd 1877

Undertaker,

A. K. K. K.

Place of Business,

247 E. Lombard

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. **18394**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 21st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Aggie Wagner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

4

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

No 50 Durham St.

Duration of Residence in the City of Baltimore,

Life.

Place of Death, { Give street and number. }

No 50 Durham St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infant.

Duration of Last Sickness,

one week.

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Roman Catholic Church

Date of Burial,

June 22nd 1877

J. M. Carter

M. D.

Medical Attendant.

{ Undertaker,

{ Place of Business,

244 E. South St.

Address

200 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Pat / Kelly

Sex, Male or Female { Cross out the word not required in this line. }

Age, 84 Years,

Months,

Days.

Color, white

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, Baker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and number. }

382 Hartford at
old age

Cause of Death, { First (Primary,) Second (Immediate,) }

Pneumonia
10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 23rd 1877

George B. Reynolds M. D.
Medical Attendant.

{ Undertaker, Jas P. Byrne

{ Place of Business, 63 Front St

Address 43 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 22

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rachael Levant

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 58 Years, Months, Days.

Color, Colored

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, { Give street and number. } N Clinton Ave

Cause of Death, { First (Primary.) Second (Immediate.) } Cholera Morbus

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, June 22 '87 Geo. Ogle Brown M. D. Medical Attendant.

{ Undertaker, M. H. C. Perry Address

{ Place of Business, Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 22nd 1877.
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clifton Horick
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, Years, 31 Months, 22 Days.
 Color,
 Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
 Occupation, None
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
 Duration of Residence in the City of Baltimore,
 Place of Death, { Give street and number. } Hoffman Street
 Cause of Death, { First (Primary,) Death
 Second (Immediate,) Cholera Infantum
 Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery
 Date of Burial, June 24 1877
 Undertaker, Wm. Fey
 Place of Business, 54 N Broadway
 Address, Broadway & N. E. Street
 Medical Attendant, Milton A. Taylor M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

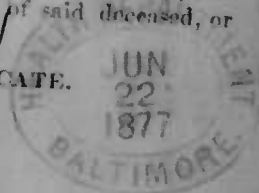
Board of Health, City of Baltimore,

Permit No. 18398

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ ^{two} hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Found Jun 20th 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John - name

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ~~Infant~~ ²⁰ Years, after birth ~~about~~ ^{say} Six hours

Color, ~~White~~ ^{Colored}

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ~~None~~ ^{None}

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt

Duration of Residence in the City of Baltimore,

all life

Place of Death, { Give street and number. }

Found on Lat Calvert Road

Cause of Death, { First (Primary,) Second (Immediate,) }

too Born alive, cause & manner of death unknown (Coroner's Verdict)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, C P Clements

Date of Burial, April 21st

Undertaker, Charles Striper

Place of Business, Pratt Heister St

Edmund R Walker M. D.
Notary-at-Law

Address, Corcoran M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18399

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Magdalene Gauth

Sex, ~~Male~~ & Female, { Cross out the word not required in this line. } female

Age, Years, 10 Months, Days.

Color, white.

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } W. Pratt St. No. 857.

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and number. } W. Pratt St. 857.

Cause of Death, { First (Primary,) Diarrhoea
Second (Immediate,) Spasms

Duration of Last Sickness, 2-3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 24th 1877

Adolph Buchner, M. D.
Medical Attendant.

{ Undertaker, Renschel & Son.

{ Place of Business, 60. Penn Ave. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 182400

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 21, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas. Pohl

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, — Months, — Days.

Color, white Sex, —

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } W. Pratt 582

Cause of Death, { First (Primary,) } Paralysis
{ Second (Immediate,) }

Duration of Last Sickness, — Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 22 4 O'clock

{ Undertaker, Henry Meyer Address

{ Place of Business, 106 W. Howard St

C. M. Tich. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 78401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 21st 1877

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Kroege

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 82 N. Wolf St.

Cause of Death, {First (Primary,) Second (Immediate,)} Cholera Infantum

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St. Stephen's

Date of Burial, June 22nd

{ Undertaker, J. J. Smith } Address Balt. Wash. St.

{ Place of Business, 35 Bank St. }

G. Clawville Luck M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18402*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Elizabeth Jones,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

2 Years,

1 Month,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

19 Hill St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarletina

Duration of Last Sickness,

11 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

June 23rd 1877

R. J. N. Toll

M. D.

Medical Attendant.

{ Undertaker,

Wm. T. G. Lenn

{ Place of Business,

263 Light St.

Address

158, S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18403,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 21st 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Plasterfield
 Sex, Male ~~or Female~~ { Cross out the word not required in this line. }
 Age, 24 Years, — Months, — Days.
 Color, Col d

~~Married~~, Single, ~~Widow~~ ~~or Widower~~ { Cross out the words not required in this line. }
 Occupation, Laborer
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Virginia
 Duration of Residence in the City of Baltimore, 14 years
 Place of Death, { Give street and number. } 5. Douglas St
 Cause of Death, { First (Primary,) Cold Exposure
 { Second (Immediate,) Pneumonia
 Duration of Last Sickness, 5 days
 All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery
 Date of Burial, June 22nd 1877
 Undertaker, C. Shepper
 Place of Business, Pratt St
 Address, Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information by David Benson - Friend
 Companion

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 21st 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Conner

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 13 Years,

Color, White Months, 12 Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

St. Clair Pennsylvania

Duration of Residence in the City of Baltimore,

8 years

Place of Death, { Give street and number. }

W. Anthony Graham Apartment, Catonsville

Cause of Death, { First (Primary,) Second (Immediate,) }

Meningitis
two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Holy Cross Co.

Date of Burial,

June 23 1877

Undertaker,

Henry H. H. H.

Place of Business,

509 Central Ave.

John F. McCombs M. D.
Medical Attendant.

Address St. Calvert & Read Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18405

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 21st 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Schreier.
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, ~~2~~ Years, 3 Months, 28 Days.
Color, White.
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, 3 Mos. 28 days
Place of Death, { Give street and number. } 250 N. Central Ave.
Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum
Duration of Last Sickness, one week.
All the above information should be furnished by the Physician.
Place of Burial, St. Agnes Ch.
Date of Burial, June 23 1877
{ Undertaker, Henry H. H. } { Place of Business, 307 N. Central Ave. }
George H. Robt. M. D. Medical Attendant.
Address 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 21st

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Anne Kamm

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

7

Color,

Colored

Years,

Months,

Sex,

Female

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

2 Little Pine St.
Dysentery

Cause of Death, First (Primary),
Second (Immediate),

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

New Catholic Cemetery

Date of Burial,

June 22nd 1877

Undertaker,

W. H. Bishop

Place of Business,

1001 North Holliday

Dr. G. Brewer

M. D.

Medical Attendant.

Address 258 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18407

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

25th June 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Grace Griffith Jones

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

10

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

162. S. Charles st

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Alvert

Date of Burial, June 22^d 1877

{ Undertaker, Armstrong & Denny }

{ Place of Business, Mount Alvert }

J. W. Webster M. D.
Medical Attendant.

Address 57 Carroll

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18408

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbara M. L. Bishop
 Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
 Age, _____ Years, _____ Months, 5 Days.
 Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by. W. H. Bishop Father [SIGNED]

Permit No. 18409

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22 1877

Undertaker, William D. Dwyer

Place of Business, No 10 Stockdale St

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18410

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

8 Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 22 1877

{ Undertaker, Wm. J. Dwyer }

{ Place of Business, 1062 East St }

A. C. Stein,

M. D.

Medical Assistant.

Address 195 N. Eaden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

~~Married, Single, Widowed or Divorced~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, 2d Patrick's Cemetery

Date of Burial, June 22nd 1877

Signature of Physician, Jas C. Parsons

Place of Business, 175 Hudson St

Baltimore City

Life

No 175 Hudson St

(Premature Birth)

(in the 6 months of Pregnancy)

Thomas J. Evans M. D.
Medical Attendant.

Address No 18 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18412

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 22, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles M. Allen

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, five Years, — Months, — Days.

Color, Brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 6 State St.

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Larch Cemetery

Date of Burial, June 23 1877

{ Undertaker, Place of Business, } John H. [illegible]

M. P. Mosford M. D.
Medical Attendant.

Address 175 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18413

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell
correctly. If an infant
not named, give names
of parents. }

Sex, ~~Male or Female~~, { Cross out the word not
required in this line. } ...

Age, / Years,

Color, color

Married, Single, Widow or Widower, { Cross out the words not
required in this line. }

Occupation,

Birthplace, { State or country (and how
long in the United States, if
of foreign birth. }

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and }
number. }

Cause of Death, { **First (Primary,)—**
 { **Second (Immediate,)**

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *June 22, 1891*

Undertaker *H. W. C. S. 2021*

(Place of Business, 180 West St

Address 260 South 6th St /

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

1

Year,

2

Months,

—

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Southern Park*

Date of Burial, *June 23, 1877*

Undertaker, *Stewart & Wm*

Place of Business, *35 Tucker*

Address

2 Cathedral St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Thursday June 21st 1877

Full Name of Deceased, Blanch Dany

Sex, Male or Female, Female

Age, 8 Years, 8 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Lifetime

Birthplace, Baltimore

Duration of Residence in the City of Baltimore, 231

Place of Death, #231 Forest St

Cause of Death, Enteric Colitis

Duration of Last Sickness, 3 weeks

Place of Burial, St Patrick's Cemetery

Date of Burial, June 22 77

Underlaker, John J. Rodman

Place of Business, 25 1/2 Government St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18416

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

June 20
Felix Butler

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

8 Months,

4 Days.

Color,

Colored

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

No. 6 St

James St City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No. 6 St James St City

Cause of Death, { First (Primary,) Second (Immediate,) }

Meninigitis

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Local Cemetery

Date of Burial,

June 22 77

E. Hall Rulap M. D.
Medical Attendant.

{ Undertaker,

W. H. Chase

{ Place of Business,

157. Arisquid St

Address 157. Arisquid St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18417

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 21st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Harry E Davis

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

5

Months,

Days.

Color,

Black

Sex,

male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

N^o 23 Wagon al.

Cause of Death, { First (Primary,) Second (Immediate.) }

Dysentery.

Duration of Last Sickness,

one week.

All the above information should be furnished by the Physician.

Place of Burial, *North Cemetery*

Date of Burial, June 22 1877

Albert Stephens M. D.
Medical Attendant

{ Undertaker, *J. H. Chase*

{ Place of Business, *178 Howard*

Address *30 N. Carrollton Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18418

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Helen Schuyman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 31 Years, 3 Months, 9 Days.

Color, White Sex, Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, From birth

Place of Death, { Give street and number. } Silver St near Foyetts hse No 10

Cause of Death, { First (Primary,) Purpura Eclampsia
Second (Immediate,) Purpura Tumorosa

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 24 1877

W. H. Brown, M. D.
Medical Attendant.

{ Undertaker, Jacob Weaver

{ Place of Business, 1446 Druid Hill

Address 506 W Foyetts St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

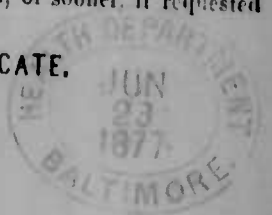
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Fred Magruder*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, 4 Years, 3 Months, 13 Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *119 Park St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *Asphyxia three days*

All the above information should be furnished by the Physician

Place of Burial, *Western Cem*

Date of Burial, *June 23^d*

{ Undertaker, *Blackston & Son*

{ Place of Business, *606 W. Balto. St.* Address *369 N. Second St*

A. W. Collins M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 18420

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 22.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Johnson E. Pridgson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

8

Years,

5

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

317 Myrtle St

Cause of Death,

First (Primary),
Second (Immediate),

Malignant Scarlatina

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

London Park Cemetery

Date of Burial,

June 24 1877

Undertaker,

Charles F. Herod

Place of Business,

161 Green Street

Address

146 W. Howard St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

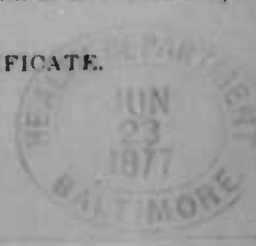
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 22nd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Thomas Wallis

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

2

Years,

5

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balls Bluff

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

No 38 Milliman St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlet fever
Marasmus

Duration of Last Sickness,

about 5 weeks

All the above information should be furnished by the Physician

Place of Burial,

Balt Cemetery

Date of Burial,

June 24 1877

C. L. Kleiber

M. D.

Medical Attendant.

{ Undertaker,

Wm Fay

Address

222 N. Broadway

{ Place of Business,

54 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22,
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo M. Lybold (Lybold)
 Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
 Age, Years, 4 Months, Days.
 Color, White
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
 Duration of Residence in the City of Baltimore, Since Birth
 Place of Death, { Give street and number. } Randall St
 Cause of Death, { First (Primary) Second (Immediate) } Whooping Cough
Tubercular Meningitis
 Duration of Last Sickness, 2 weeks
All the above information should be furnished by the Physician
 Place of Burial, Western Cemetery
 Date of Burial, June 24 1877
 { Undertaker, Charles F. Herold Address 146 Chamber St
 { Place of Business, 161 Hermon St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st June at 11 o'clock P.M.
 Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Bourse Read
 Sex, Male or ~~Female~~, Cross out the word not required in this line. male
 Age, 27 Years, 2 Months, 4 Days.
 Color, Black Sex, male
 Married, Single, Widow or Widower, Cross out the words not required in this line. married
 Occupation, Laborer
 Birthplace, State or country (and how long in the United States, if of foreign birth.) Virginia
 Duration of Residence in the City of Baltimore, 4 years
 Place of Death, Give street and number. 29 Bruce St. Baltimore city
 Cause of Death, First (Primary), Second (Immediate), Consumption
 Duration of Last Sickness, 2 years & one month
All the above information should be furnished by the Physician.
 Place of Burial, Catonsville Md
 Date of Burial, June 24 1877
 Undertaker, Thos. Stewart Address 302 W. Lombard St
 Place of Business, 33 Bruce St
 Medical Attendant, C. C. Richardson M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 184/24

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Year, 7 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Bur.

Date of Burial, June 23

{ Undertaker, J. F. Foy

{ Place of Business, 91 E. Baltimore

C. M. Schutte M. D. Medical Attendant.

Address S.W. cor. Wolf & Canton ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18425

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 21st 1877
Ans P. Lucke

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

21

Years,

white

8

Months,

Days.

Color,
 Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Dayman
Baltimore Co.
4 yrs

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

72 E. Bridge St
Phthisis Pulmonalis
Exhaustion
3 mos 2 wks

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Josephs Baltimore County

Date of Burial, June 23rd 77

Undertaker, Geo Schilling

Place of Business, Ashland Square

T. Warner

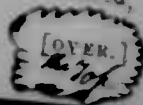
M. D.

Medical Attendant.

Address 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 22nd 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carrie Virginia Vick.

Sex, ~~Male~~ Female. { Cross out the word not } —

Sex, ~~Male~~ Female, { Cross out the word not
required in this line. }

Age, 2 Years, 9 Months, 8 Days.
Color, White

Color, *White* / Months, *8* Days.

Married, Single, Widow or Widower, {Cross out the words not
required in this line.

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore.

Duration of Residence in the City of Baltimore, 2 yrs 9 Mos & 8 days.

Place of Death, { Give street and
number. } 1 Constitution St,

Cause of Death, { First (Primary,)
Second (Immediate.)

Scarlatina

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, *Not Known*

Date of Burial, June 23rd 1877 2 o'clock P.M. George H. Roche M. D.
(Undertaker, Scrubbs B. & Co. Medical Attendant.

{ Undertaker, Joseph B. Cook

Place of Business, 707 W. Baltimore Address 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18427,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Duncan Sarah A

Sex, ~~Male~~ or Female, Cross out the word not required in this line. Female

Age, 56 Years, _____ Months, _____ Days.

Color, white

Married, ~~Single, Widowed, or Widower~~ Cross out the words not required in this line. Married

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) York Pa

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, Give street and number. 38 Arlington Avenue

Cause of Death, First (Primary), Pulmonary Consumption
Second (Immediate), _____

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, June 12th 1877

Undertaker, H. B. Blizzard

Place of Business, Penn A. Avem

Medical Attendant, John J. Litzner M. D.

Address 77 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 18428

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edgar Fowler

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 431 Light St.

Cause of Death, { First (Primary.) Pneumonia Complicated with Whooping Cough
Second (Immediate,) }

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Vernon

Date of Burial, June 23

{ Undertaker, J. H. Blizzard
Place of Business, 20, Penn

J. H. Meller M. D.
Medical Attendant.
Address 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 22 "1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Alf. Smith

Sex, Male ~~or Female~~

{ Cross out the word not required in this line. }

Age,

Years,

1

Months,

19

Days.

Color,

Gold

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

74 Welcome Alley

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Chol Infantum

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician

Place of Burial,

Sharp St Church - G

Date of Burial,

June 24 "1877

James H. Stearns M.D.

{ Undertaker,

S. W. Chase

{ Place of Business,

Howard St

Address

Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Eliza Jane Moore Mother

Board of Health, City of Baltimore,

Permit No. 18430

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac Spencer
 Sex, Male ~~Female~~, { Cross out the word not required in this line. }
 Age, 2 Years, 9 Months, 11 Days.
 Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)
 Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ballas St. Cemetery

Date of Burial, June 24th 1877

Undertaker, The J. Locke

Place of Business,

Address

Commissioner of Health
 & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Louisa Hales Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18431*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 21,

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Laura Reid

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age, *About 30*

Years,

—

Months,

—

Days.

Color,

Black.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Cook

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Virginia

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

104 Beugnot

Cause of Death,

{ First (Primary), }

Premature Birth

{ Second (Immediate), }

Melancholia

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

June 23rd

Shedone

Cook

M. D.

Medical Attendant.

{ Undertaker,

{ Place of Business,

*J. Davis
103 Lee St*

Address *146. Howard*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[SEALER.]

Board of Health, City of Baltimore,

Permit No. 18432

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 20th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. H. Dennis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 30 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Seaman

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Calvert Co. Md.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number. } in Basin near Locust Point

Cause of Death, { First (Primary,) Second (Immediate,) } Accidentally Drowned

Duration of Last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 23rd

{ Undertaker, J. Davis } Address, Harmon Bldg

{ Place of Business, 103 Lee St }

R. B. Lee M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18433

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 23 - '77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Albert E. Hoerner

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

19

Months,

Days.

Color,

White

Sex,

male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

Since with

Place of Death, { Give street and number. }

N. Mount St. 7 Door of Descent
Cholera Infantum

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial, Landow Park cemetery

Date of Burial, June 24

Undertaker, J. B. Clark

Place of Business, 407 West Baltimore St.

Address

558 W. Fayette St

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18434

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. George Edward Keller

Sex, Male ~~or Female~~, Cross out the word not required in this line.

Age, _____ Years, Six Months, _____ Days.

Color, White Sex, Male

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, Infant

Birthplace, State or country (and how long in the United States, if of foreign birth.) 359 Saratoga St. Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. 123 Prince St

Cause of Death, First (Primary), Second (Immediate). Unknown - I saw the case but was not at my office.

Duration of Last Sickness, Do not know.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, June 24th 1877

Medical Attendant, Alfred Hughes, M. D.

Undertaker, Andrew Leib

Place of Business, 1182 Druid Hill Ave

Address 234 N. Bridge St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18435

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 22nd 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Nicholas Shukhammer*

~~Sex~~, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *48* Years, _____ Months, _____ Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Porter*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *10* years

Place of Death, { Give street and number. } *76 South*

Cause of Death, { First (Primary,) Second (Immediate,) } *Carcinoma ventriculi et morbus Brightii*
traumatis

Duration of Last Sickness, *6* months

All the above information should be furnished by the Physician.

Place of Burial, *St. Anne's Cem*

Date of Burial, *June 24th 1877*

Undertaker, *W. A. Waigler*

Place of Business, *74 S. Broadway*

Frederick M. D.
Medical Attendant.
Address *245 S. Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18436

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,)
Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

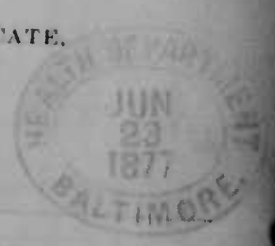
Permit No. 18437

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Edward Dorsey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 6 Months, 19 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Eden Street Court

Duration of Residence in the City of Baltimore, 6 Months 19 days

Place of Death, { Give street and number. } 148 N Spring St.

Cause of Death, { First (Primary,) Second (Immediate,) } Intercurrent Pneumonia
leptonic renal poisoning
8 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, June 24th 1877

Undertaker, W. M. Dunfee

Place of Business, East St

E. Geo. Walls M. D.
Medical Attendant.

Address 179 E Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18438

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 22nd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Jennie Fauschreiber

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Female

Age,

Years,

Months,

Six (6)

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

S. Paca St Extended

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

S. Paca St

Cause of Death,

First (Primary),

Second (Immediate),

Atelectasis Pulmonum

3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Thirteen (13) days

Place of Burial,

Western Cemetery

Date of Burial,

June 23rd 1877

James O. Blake

M. D.

Medical Attendant.

Undertaker,

Joseph Leake

Place of Business,

N. Balto St

Address

140, Scott St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 23rd. June 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Moxel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

During lifetime

Place of Death, { Give street and number. }

S. Washington Street 178.

Cause of Death, { First (Primary,) Second (Immediate,) }

Dentition
Convulsiones

Duration of Last Sickness,

12 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew Church

William Kennel.

M. D.

Date of Burial, June 24th.

Medical Attendant.

{ Undertaker, J. H. Froehlich

Address

S. Wolfers. 117.

{ Place of Business, 246 Eastern St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18440

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis, Frederick

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 8 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baet. City

Duration of Residence in the City of Baltimore, House 5 days

Place of Death, { Give street and number. } St Vincent's Infant Asylum

Cause of Death, { First (Primary,) Sudden
Second (Immediate,) Spasm

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jun 23 1877

Medical Attendant, Marbury Brewer M. D.

{ Undertaker, Peter Knorr
Place of Business, 317 N. Middle St

Address 201 N. Middle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18441

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 21

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

M. W. Spruce

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

6

Months,

14

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

Selden St

Cause of Death,

First (Primary),

Second (Immediate),

Chronic Pneumonia

Duration of Last Sickness,

9 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Lucile Cemetery

Date of Burial,

June 23. 1881

Frederick L. D. M. D.

Medical Attendant.

Undertaker,

Heard & Co.

Place of Business,

180 W. 1st St

Address

166 S. Avenue St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

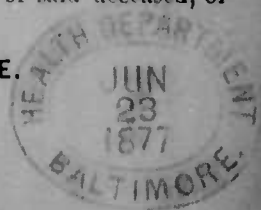
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 22 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Butler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, Months, 18 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 24 S. Poppleton

Cause of Death, { First (Primary,) Intermittent
Second (Immediate,) Cholera Infantum

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery, J. H. P. Wolfe M. D.

Date of Burial, June 24 Medical Attendant.

{ Undertaker, F B Cook Address No 4 of Calhoun

{ Place of Business, 707 West Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18443

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Shay

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 3 Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto - Md

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 210 Cross St.

Cause of Death, { First (Primary) Second (Immediate) } Cholera Infantum

Duration of Last Sickness, 5 Ds.

All the above information should be furnished by the Physician.

Place of Burial, St Peter's

Date of Burial, June 24th 77

Undertaker, Wm. Krause

Place of Business, 209 E. Hanover St.

Address 201 Hanover St.
Baltimore Md

A. Phoebe
M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *18444*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 23^d 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Howard Sylvester Koller.*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *2* Years, *1* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Springfield, Pennsylvania.*

Duration of Residence in the City of Baltimore, *14 months*

Place of Death, { Give street and number. } *S. W. Cor Green Mount Avenue. near North Avenue.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*
do do

Duration of Last Sickness, *about 10 days.*

All the above information should be furnished by the Physician

Place of Burial, *Greenock St & Railroad*

Date of Burial, *24 June* *Hummer & Fox. M. D.*
Medical Attendant.

{ Undertaker, *George Rodemann*

{ Place of Business, *38 E. Main St* Address *S. E. Cor. Greene & Mulberry Sts*
Baltimore. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 811

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18445

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 23, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Metta Stella Kicks

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

5

Months,

Color,

Colored

Sex,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

28 N. St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

28 N. St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
Colic
No days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Co. Medel Cemetery

Date of Burial, June 24, 1877

Underliaker, Wm James Gray

Place of Business, 65 Mulberry St

Address 207 W. Baltimore

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18446

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23 June 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 0 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 127 Penn. Avenue

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Coma

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, June 24th 1877

{ Undertaker, J. H. Scriven } Address 201 W. Middle St.

{ Place of Business, 271 N. Eutaw St. }

Martiny Brewer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18447

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Paul Schoepf

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 56 Years 8 Months - Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Rurkenen German

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } No 226 S. Belknap St

Cause of Death, { First (Primary,) Acute Alcoholism
Second (Immediate,) Oange Ton of the Lungs

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 24

{ Undertaker, Wendelin Lippel

{ Place of Business, S. Bond St. 151

L. C. Wintermuth M. D.
Medical Attendant

Address 12 S. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 184418

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Marie Boque

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, One Years, Two Months, Seven Days.

Color, White

Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

687, W. Fayette St.

Cause of Death, First (Primary),
Second (Immediate),

Hydrocephalus.

Duration of Last Sickness,

Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, 25th June 1877

Undertaker, Mr. Seakins, & Son

Place of Business, 16 Light St.

Morris Wiener

M. D.

Medical Attendant.

Address 249 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 23rd 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Murray

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

25 Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Galway Co. Ireland

Duration of Residence in the City of Baltimore,

12 years

Place of Death, { Give street and number. }

102 Church St

Cause of Death, { First (Primary.) Second (Immediate.) }

Phthisis

Duration of Last Sickness,

2 years

Place of Burial, St. Patrick's Cemetery

Date of Burial, June 24th 1887

Undertaker, Ernest & Son

Place of Business, Light St

Address

Ca. Lewis & Son

M. D. Medical Assistant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[REVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 182450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 23, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hadawick Witucki

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Male

Age,

Years,

2

Months,

2

Days.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

White

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

No 270 Durham St

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

48 hours

All the above information should be furnished by the Physician.

Place of Burial, S. Algonzes Cemetery

Date of Burial, June 24, 1877

Undertaker, Leonard Hertz

Place of Business, S. Bond Street

Thomas J. Evans, M. D.
Medical Attendant.

Address No 18 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 184157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 22*
Full Name of Deceased, *Barbara Gerlach*
Sex, Male or Female, *Female*
Age, *39* Years, *White* Months, *—* Days, *—*
Color, *White*
Married, Single, Widow or Widower, *Widow*
Occupation, *Widow*
Birthplace, *Bavaria Germany*
Duration of Residence in the City of Baltimore, *22 years*
Place of Death, *249 E. Biddle St.*
Cause of Death, *Cancer of the stomach*
Duration of Last Sickness, *Exhaustion*
Three months
Place of Burial, *St. Matthew Cemetery*
Date of Burial, *June 24th 1877*
Undertaker, *H. Hoffmann*
Place of Business, *63 N. E. St.*
Address, *12 S. E. St.*
M. D. *—*
Medical Attendant, *—*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Divine

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 65 Years, Months, Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, Labourer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 225 Hamburg

Cause of Death, { First (Primary), Second (Immediate), } Phthisis

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Send to Washington

Date of Burial, Aug 23

{ Undertaker, H. Boile

{ Place of Business, Henrietta St 81

Address

John Divine M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 812

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18453

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 22nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isaac Burke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, Days.

Color, Blk

Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 161 King St

Cause of Death, { First (Primary), Second (Immediate), } Said to be Diarrhoea

Duration of Last Sickness, 1 WK
All the above information should be furnished by the Physician.

Place of Burial, Fair Cemetery

Date of Burial, June 24th 1877

Undertaker, John M. Macion

Place of Business, 160 Camden

Chas E Sattler M. D.
Dispensary Physician

Medical Attendant.
Maryland University

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 184574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 23^d of Jan, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Meurer (Meyer)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 1 Month, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 189 S. Chestnut

Cause of Death, { First (Primary,) Cholera infantum
Second (Immediate,) Eclampsia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, June 24th 1877, 10 a.m.

Undertaker, Henry J. Landau

Place of Business, 24 E. Baltimore St. Address 24 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18455

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 23

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bernette Snedden

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

15

Months,

Days.

Color, Mixed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Fifteen months

Place of Death, { Give street and number. }

7013 Parish St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24 1877

Edward M. Price

M. D.

Medical Attendant.

{ Undertaker, Wm. H. Dunbar

{ Place of Business, 1010 Stockton St.

Address A. W. Cor. Liberty & Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18456

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 22nd, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Wm Wesley Williams*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Months, 10 Days.

Color, *Black*

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *10 days*

Place of Death, { Give street and number. } *No 57 Mott St*

Cause of Death, { First (Primary.) } *Congestion Brain*
{ Second (Immediate.) } *Convulsions*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *June 24 1877*

{ Undertaker, *Wm A Dungee*

{ Place of Business, *No 62 East St*

Wm. L. Russell M. D.
Medical Attendant.

Address *Broadway & Madison St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 24 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet J. Robinson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Two Months, Days.

Color, red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } East No 60

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24 1877

{ Undertaker, Wm A. Denger

{ Place of Business, No 62 East St

E. C. Baldwin

M. D.

Medical Attendant.

Address 124 N E St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18458

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 23 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie B. Brown

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 5 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Phila. Road. East City Limits

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Phila. Road. 100 East City Limits

Cause of Death, { First (Primary,) Summer Complaint. }
{ Second (Immediate,) }

Duration of Last Sickness, few days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24 1877

{ Undertaker, Wm. N. Jung

{ Place of Business, No 62 East St

E. W. Jones M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23 1877

Full Name of Deceased, Jesse Maiden

Sex, Male or Female, Male

Age, 71 Years, 3 Months, 4 Days

Color, White

Married, Single, Widow or Widower, Single

Occupation, Manufacturer

Birthplace, New Hampshire

Duration of Residence in the City of Baltimore, 44 years

Place of Death, 138 E. Baltimore St

Cause of Death, Strangulated Femoral Hernia

Duration of Last Sickness, 3 days

Place of Burial, Green Mt. Cemetery

Date of Burial, 26th June 1877

Undertaker, J. M. Jenkins

Place of Business, 16 Light St

J. M. Honck M. D.
Medical Attendant

Address 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Years,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 24th 1877

Undertaker, James D. Byrne

Place of Business, 4063 N. Kent St.

Address

1374 E. Eyster St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Joe Vincent Lunn

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age,

Color, White

Years, 3

Months, 2

Days, 3

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) }

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 24th 1877

Undertaker, Henry H. Mears

Place of Business, 45 N. Gay St

Address 299 E. Baltimore

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 184462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 23 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Catherine Brogden

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

56 Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Cook

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Prince Georges Co Maryland

Duration of Residence in the City of Baltimore,

About 15 years

Place of Death,

{ Give street and number. }

154 South Eutaw St

Cause of Death,

{ First (Primary,)
Second (Immediate,) }

debility

Duration of Last Sickness,

About 4 months

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

June 24 77

{ Undertaker,

W. C. Baker

{ Place of Business,

185 Howard St

J. Harvey Hill

M. D.

Medical Attendant.

Address

119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1841/3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alexander Thomas

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 21 Days.

Color, red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, his whole life

Place of Death, { Give street and number. } Wayne St 26

Cause of Death, { First (Primary,) _____ Second (Immediate,) _____ } Infantile scalding

Duration of Last Sickness, One week ill.

All the above information should be furnished by the Physician

Place of Burial, St. James Church

Date of Burial, June 23, 1877

{ Undertaker, _____ } M. D. Hammond Medical Attendant.

{ Place of Business, _____ } Address 53 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 184 64

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 23. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Eugene Albert Barrett

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

5

Months,

Days.

Color,

Colored

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

66 Oxford St

Cause of Death, { First (Primary,) Second (Immediate, }

I give this certificate solely upon the father's representation which I believe to be true. I have not seen the child for

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

buried in a private cemetery - Cause of death

Date of Burial,

June 24 1877

Supposed to be

M. D.

Medical Attendant

{ Undertaker, B. H. Chase

{ Place of Business, 1, 1/2

Address

Chronic Atrophy with Bronchitis
147 N. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 18465

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William L. Holmes.

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, 1 Years, 5 Months, Days.

Color, Col'd

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 104 Henrietta St

Cause of Death, { First (Primary,) Second (Immediate,) } Measles
Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 24th 1877

{ Undertaker, I. Davis }

{ Place of Business, Lee St }

James A. Stenning M. D.

Address Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by William L. Holmes [over] Father

Board of Health, City of Baltimore,

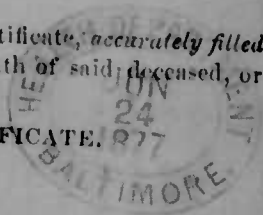
Permit No. 18466

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 24. 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Walburga Gausman

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, { } Years,

Forty nine

Months,

White

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

24 years

Place of Death, { Give street and number. }

101. Chapel St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem. & Co. Ltd.

Date of Burial,

June 25. 1887

M. D.

Undertaker,

Wm. France

Medical Attendant.

Place of Business,

No 280 Canton Ave

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18467

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 24th 1877 2 30 A.M.
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Bergman
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, 23 Years, Months, Days.
 Color, White
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
 Occupation, Butcher
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Bararia
 Duration of Residence in the City of Baltimore, 27 years
 Place of Death, { Give street and number. } 320 Eastern Avenue
 Cause of Death, { First (Primary,) Phumation
 { Second (Immediate,) Pulular
 Duration of Last Sickness, 6 weeks
 All the above information should be furnished by the Physician.
 Place of Burial, Lloyd Cemetery
 Date of Burial, June 25th 1877
 { Undertaker, M. Langgoot
 { Place of Business, 81 South St
 Address 299 E. Baltimore St.
 James E. D... M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18468

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 24

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Catharine Margretta Heidhoff

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

3 Months,

16

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

269 Raborg St

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

269 Raborg St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Diarrhea
of Lantion
5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 26

Undertaker,

Frederick J. Hamuth

Place of Business,

Corner of Poppleton and
Saratoga No 424

Address

J. J. Knight

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18469

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 23rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Elizabeth Brooks

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Eleven Months, Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continues

Place of Death, { Give street and number. } No 149 Hill St

Cause of Death, { First (Primary,) Second (Immediate,) } miasmata convulsions

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 25th

{ Undertaker, Hercules Ross

{ Place of Business, 180 W. 5th St

Address, L. D. Dyer M. D. No 144 Hill St Baltimore

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Howard Saint Pearce

Sex, Male ~~Female~~, { Cross out the word not required in this line. } Male

Age, _____ Years, Four

Color, _____ Months, Twenty four Days.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 331 N Bond St

Cause of Death, { First (Primary.) } Cholera infantum

Duration of Last Sickness, { Second (Immediate.) } Exhaustion from Anemia

Place of Burial, Baltimore Cemetery

Date of Burial, June 25th 1877

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. Address, 305 N Caroline St

M. D.
Medical Assistant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25 - 1877

Full Name of Deceased, Gertrude Schückle

Sex, Male or Female, Female

Age, Ten

Color, White

Years, Ten

Months, White

Days.

Married, Single, Widow or Widower, Single

Occupation,

Birthplace, Baltimore, Md

Duration of Residence in the City of Baltimore, No 112 - Russ St

Place of Death, 112 - Russ St

Cause of Death, Cholera Infantum

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, June 26th 1877

Undertaker, Andrew Leitz

Place of Business, 118 Druid Ave

Address

By M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, One Years,

Color, White Months, Three Days.

~~Married~~ Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, June 25th

Undertaker, Wm. M. Leonard & Son

Place of Business, 782 W. Baltimore St

Address 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18473,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 23^d 77

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

George J. Kramer

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

14 Months,

Days.

Color,

Wash

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

In

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

224 S. 1st

Cause of Death,

{ First (Primary.) }

Cholera infantum

{ Second (Immediate.) }

Eclampsia

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore County

Date of Burial,

June 25th 1887

Undertaker,

H. Froehlich

Place of Business,

246 Eastern Ave

Address

246 S. 1st

[Signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18474*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Anna M. Miller

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

68 Years

5 Months,

Days.

Color,

white

~~Married, Single~~ Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

Twenty years

Place of Death, { Give street and number. }

249 Eastern Ave.

Cause of Death, { First (Primary.) Second (Immediate.) }

*Organic Disease of the Heart.
Pneumonia*

Duration of Last Sickness,

Three Days

All the above information should be furnished by the Physician

Place of Burial,

Mt Carmel Cemtry

Date of Burial,

June 26th

Aug. F. Erick

M. D.

Medical Attendant.

{ Undertaker,

H. Froehlich

Address

94 S. Broadway

{ Place of Business.

236 Eastern A.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

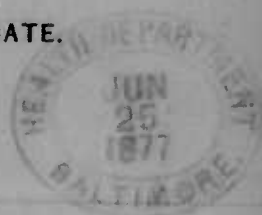
Permit No. *18475*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June the 24 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mrs Luania White*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *58* Years, Months, Days.

Color, *Colored* Sex,

~~Married~~, Single, Widow or ~~Widower~~ { Cross out the words not required in this line. }

Occupation, *Cook*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Montgomery County Md*

Duration of Residence in the City of Baltimore, *40 Years*

Place of Death, { Give street and number. } *No 44 Little Monument St*

Cause of Death, { First (Primary,) *Dropsy*
Second (Immediate,) }

Duration of Last Sickness, *5 month*

All the above information should be furnished by the Physician.

Place of Burial, *Green Lane*

Date of Burial, *June 25th 1877*

{ Undertaker, *Chas S Scribn*
Place of Business, *1717 Eutaw St* Address *No 23 Bath St*

Phonetic M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18476

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person, superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 23rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Russell Hawkins*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *76* Years, *10* Months, Days.

Color, *R*

Married, *Single*, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *No. 3 Cross Alley Balto.*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *No. 3 Cross Alley*

Cause of Death, { First (Primary,) Second (Immediate,) } *Mania*

Duration of Last Sickness, *About 2 mos.*

All the above information should be furnished by the Physician

Place of Burial, *Laurel Cemetery*

Date of Burial, *June 25th 1877*

{ Undertaker, *Wm. H. Bishop & Co.*

{ Place of Business, *103 South Hill St.*

Wm. L. Woodward
M. D.
Medical Attendant.

Address *Balto. Cent. St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18477*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 24th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Annie Greenick*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *27* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *School Teacher*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *149 S. Ann*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis Pulmonalis*

Duration of Last Sickness, *Six Months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *27 June 1877* *James E. Drmille* M. D.
Medical Attendant.

{ Undertaker, *John L. Schuch*

{ Place of Business, *265 N. Howard*

Address *299 E. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18478

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hynson Loggins

Sex, Male or ~~Female~~ { Cross out the word not required in this line. }

Age, 52 Years, _____ Months, _____ Days.

Color, ~~col~~ o

Occupation, widower

Birthplace, { State or country (and how
long in the United States,
if of foreign birth.) }

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and number. } 36 Carlton Street

Cause of Death, { First (Primary,) Kidney affection
Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Sharp St. Cemetery 211 - 1

Date of Burial, *Sept 26 1877* *Amos & Mary* M. D.

Undertaker, *H. Lee Gault*

Place of Business, *Mulberry St* *Commissioner of Reals*

*Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Peter Loggins Brother [over]

Board of Health, City of Baltimore,

Permit No. 18479

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Jane McDonald

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

1 Year,

7 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

22 Boulder Alley

Cause of Death, { First (Primary.)
Second (Immediate.) }

Cholera Infantum

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, June 25th 1877

Undertaker, James D. Byrne

Place of Business, No 63 N Front St

Chas Fawcett

M. D.

Medical Attendant.

Address 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18480

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillie Stokes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 1 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 58 Leroux Court

Cause of Death, { First (Primary,) Malnutrition
Second (Immediate,) Inanition }

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral City

Date of Burial, June 25 1877

{ Undertaker, Isaac Jones } Address, Commissioner of Health
{ Place of Business, Sterling St } Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Harriet Jackson [over]
Midwick

Board of Health, City of Baltimore,

Permit No. 18481

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 24th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John H. H. H. H.

Sex, Male or Female,

Cross out the word not required in this line.

~~Male~~

Age,

40

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Carpenter

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

During life

Place of Death,

Give street and number.

124 Orleans Street

Cause of Death,

First (Primary.)

Rheumatism

Second (Immediate.)

Congestion of the brain

Duration of Last Sickness,

About two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 26th 3 P.M.

Undertaker,

Wm H. Hickman

Place of Business,

N. Gay St

Milton A. Taylor

M. D.

Medical Attendant.

Address Broadway & Cherry Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Brown

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 25 Years, — Months, — Days.

Color, Col'd

~~Married Single~~ Widow ~~or Widower~~ { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Frederick City Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number. } 88 Peach alley

Cause of Death, { First (Primary.) Second (Immediate.) } Consumption

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Lane Cemetery

Date of Burial, June 26th 1877

{ Undertaker, Hercules Rags Address Commissioner of Health
Place of Business, West St Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Fannie Herbert [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18483,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 24th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ellen Mary Cockhill

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Five

Months,

one day

Days

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

326 East Baltimore Street

Cause of Death, { First (Primary), Second (Immediate,) }

Nothing standing still

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cem

Date of Burial,

June 26 1877

{ Undertaker,

W A Haig

{ Place of Business,

715 Broadway

Address

J. J. Cockhill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18484*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *25. June 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ann Eliza Steiner*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *10* Years, *1* Months, *2* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *10 years*

Place of Death, { Give street and number. } *109 Greenmount Ave*

Cause of Death, { First (Primary.) Second (Immediate.) } *Tubercular meningitis*

Duration of Last Sickness, *9 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *26. of July*

Undertaker, *Sam Smith*

Place of Business, *461. North Gay St*

Chas L. Taney M. D.
Medical Attendant.

Address *129 W. 12th St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18485

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 25, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John A. Cumbe

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 74 Years, Months, Days.

Color, White. Sex, male

Married, Single, Widowed, Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, in

Place of Death, { Give street and number. } 170 Fayette St.

Cause of Death, { First (Primary,) Second (Immediate,) } Heart Disease.

Duration of Last Sickness, in

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 26, 1877

{ Undertaker, Mary Schultze } Address, 261 E. Monument St.

{ Medical Attendant, D. B. Ireland M.D. } Address, 261 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 25 1877
BALTIMORE

Date of Death, June 24th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. Braden Silcott
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 3 Years, 6 Months, 10 Days.
Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }
Diphtheria

Duration of Last Sickness, Six days -

All the above information should be furnished by the Physician.

Place of Burial, Landon Park Cemetery

Date of Burial, June 26

Undertaker, L B Cook

Place of Business, 404 West Baltimore

W. R. McKim M. D.
Medical Attendant.

Address 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18487

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 24th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas E Ford

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, 8 Months, 24 Days.

Color, White

Married, Single, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 421 Belmore

Cause of Death, { First (Primary) Cholera infantum
Second (Immediate) Purious Hydrocephalus }

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician

Place of Burial, London Park Cemetery

Date of Burial, June 26th 1877

{ Undertaker, Mrs John H Weaver

{ Place of Business, #22 W. Fayette St }

Address 22 Mulberry cor Myrtle St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18488

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 24th - 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mellie M. Mahon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

No. 4 Enoch St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Pneumonia

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 25th

Dr. Brooke Byrle

M. D.

Medical Attendant.

{ Undertaker, J. H. Blizzard

{ Place of Business, 201 Penna Ave

Address 466 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18489*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 24th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Thomas Nottingham Leonard*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *23* Years, *9* Months, *7* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Painter*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Eastville Northampton Co. Va.*

Duration of Residence in the City of Baltimore, *6 1/2 years*

Place of Death, { Give street and number. } *58 N. Fremont St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Consumption*

Duration of Last Sickness, *3 years*

All the above information should be furnished by the Physician.

Place of Burial, *Linden Park Cemetery*

Date of Burial, *June 26th 1877*

Undertaker, *Jacob Weaver*

Place of Business, *No 486 Druid Hill Avenue*

Address *S. E. Cor. Great Smith St.*

Medical Attendant. *S. M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 184911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Canfield

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. County

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, { Give street and number. } 20 Stockton St.

Cause of Death, { First (Primary,) Dentition. Second (Immediate,) Convulsion

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, St. Peeters.

Date of Burial, June 25/77

{ Undertaker, Chenoweth & Co. Address 401 W. Pringle St.

{ Place of Business, 341 Pa ave

Medical Attendant, M. D. Marbury Brewer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

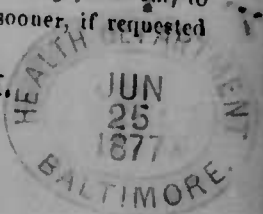
Permit No. 18491

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 24 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ruth Mattin

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 10 Years, 10 Months, 10 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 121 N. Howard St

Cause of Death, { First (Primary,) Cholera Infantum }
{ Second (Immediate,) _____ }

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician

Place of Burial, Greenmount Cemetery

Date of Burial, June 25 1877

{ Undertaker, W. J. H. Wearer }
{ Place of Business, 22 N. Fayette St } Address 121 N. Howard St

Medical Attendant, J. H. Mitten M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18492*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 24th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Anna Johnson Goldsborough*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *38* Years, *6* Months, Days.

Color, *colored*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, *Housewife*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Harford County Md*

Duration of Residence in the City of Baltimore, *25 years*

Place of Death, Give street and number. *Cor Indors Alley + Rues Alley*

Cause of Death, First (Primary), Second (Immediate), *Insufficiency Mitral Valve Regurgitation or Heart Clot*

Duration of Last Sickness, *Two years*

All the above information should be furnished by the Physician.

Place of Burial, *Green cemetery*

Date of Burial, *June 25* *E Geo Waller* M. D. Medical Attendant.

Undertaker, *John H. Jordan* Address *179 E Monument St*
Place of Business, *No 63 Park Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 18493
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

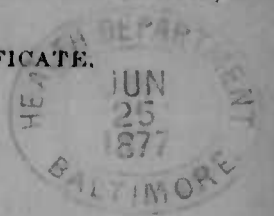
Permit No. 18493,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 24th June

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Brown Bush

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Six Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N. Sharp St. 43

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25

{ Undertaker, John P. Jordan

{ Place of Business, 103 Park Ave

J. W. S. J. M. D.
Medical Attendant.

Address, Balto. Genl. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18494

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 24-1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Rose Cole.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, _____ Days.

Color, African

Sex, Female.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

24 Leabury St. - City -

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

24 Leabury St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Tetanus Malignum -

Tonic convulsion.

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial, Leabury St. - City -

Date of Burial, June 25 1877

{ Undertaker, J. W. Schuler

{ Place of Business, 110 Leabury St.

John S. King M. D.
Medical Attendant.

Address Edmundson Ave
1 door W. of Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18495

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 24th 1877
Frank Whittington

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Male

Color,

1 Months,

15 Days.

White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Baltimore City

Place of Death, { Give street and number. }

Since birth

Cause of Death, { First (Primary,) Second (Immediate,) }

417 W Pratt St,
Indigestion

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 25 1877

Undertaker, John H. Baker

Place of Business, 1150 Comdant

John Pennington M. D.
Medical Attendant.

Address 98 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18496

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Anna Maria Phipps

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

2

Years,

6

Months,

Days.

Color,

73

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

20 Garden St

Cause of Death, { First (Primary,) Second (Immediate,) }

Convulsions

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Samuel City

Date of Burial,

June 25th 1877

{ Undertaker,

Mr Gray

{ Place of Business,

Mulberry

Address

23 McCulloch St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 24th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Susan Jackson

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

81

Years,

Months,

Days.

Color,

Colored

Sex,

~~Married~~, Single, Widow ~~or Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Annapolis

Duration of Residence in the City of Baltimore,

25 years

Place of Death,

Give street and number.

No 18 Short Street

Cause of Death,

First (Primary),

Second (Immediate),

General Debility (old age)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

General Cemetery

Date of Burial,

June 25th 1877

Undertaker,

Place of Business,

15 N. Holliday St.

Address

No 29 N. Biddle St.

Samuel L. Towell

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

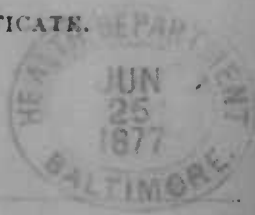
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

6

Months,

9

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Son

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

36 Thames St.

Cause of Death,

First (Primary.)
Second (Immediate.)

Cholera Infantum

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Michael's Cemetery

Date of Burial,

26 June 1877

Undertaker,

John C. Schulz

Address

67 V. L. Broadway

Place of Business,

265 Museum St.

Wm. D. [Signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. 18499

Board of Health, City of Baltimore,

Permit No. 18499

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Caroline Catherine Spangler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 17 Months, 5 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 61 Centre Market

Cause of Death, { First (Primary) } Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Trinity Cemetery

Date of Burial, June 26

Undertaker, C. Hollan du Lar

Place of Business, 22 N. Pratt St.

Geo. B. Reynolds M. D.
Medical Attendant.

Address 43 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18500

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 22, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rosa A. Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

68

Years,

Months,

Days.

Color,

White

~~Married~~ ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Dorchester Co. Md

Duration of Residence in the City of Baltimore,

~~Dorchester Co. Md~~ 20 years

Place of Death, { Give street and number. }

112. Battery Ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Schirrus of the Heart

Duration of Last Sickness,

1 year

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

June 25 1877

Shroton Cook M. D.
Medical Attendant.

{ Undertaker,

Charles F. Herold

{ Place of Business,

161 Hanover St

Address 146. Harrison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1000

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank T. Vick

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 13 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 1 Constitution St

Cause of Death, { First (Primary,) Second (Immediate,) } Scarletina Maligna

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet cemetery

Date of Burial, June 27

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore St Address 43 N. Calver

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and manner of death, in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 18582

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 24th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rachel Summer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 2 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 47 Heanin St Baltimore

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Hebrew Cemetery Philadelphia Road

Date of Burial, June 25

Undertaker, M. Goldsmith

Place of Business, 97 N. Eden St Address No 121 E. Baets St

Medical Attendant J. Ridgway Andrews M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

25th. June 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Margdalena Buczkowska

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

1

Years,

white

6 Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

during lifetime

Place of Death, Give street and number.

Lancaster Street 206

Cause of Death,

First (Primary),
Second (Immediate.)

Turris convulsiva
Exhaustion

Duration of Last Sickness,

6 weeks

Place of Burial, S. St. Georges Cemetery

Date of Burial, June 25th 1877.

Undertaker, Leonard Vandy

Place of Business, S. Bond St. No. 233.

William Huxal

M. D.

Address

S. Wolfer St. 117.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

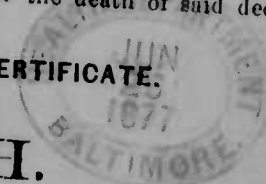
Permit No. 18504

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Color,

Married, ~~Single~~, ~~Widow~~, ~~or~~ ~~Widower~~

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Sex,

Months,

Days.

H. R. Fetterhoff M. D.
Medical Attendant

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 185757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 25/77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elisabeth Schmidt

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 74 Years,

10

Months,

Days.

Color, white

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

20 years

Place of Death, { Give street and number. }

19 Gutman's Alley

Cause of Death, { First (Primary),
Second (Immediate), }

Emphysema Lungs
Exhaustion

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 26th 1877

J. Liberman

M. D.

Medical Attendant

Undertaker, Julius Kochler

Place of Business, 600 Harper Bros. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18576,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. } *Ida Giudice*

Age, 3 Years,

Color, *White* 6 Months,

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Sex, *Female* 13 Days.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *during life*

Place of Death, { Give street and number. } *39 S. Durham St*

Cause of Death, { First (Primary,) *Scarlet fever*
Second (Immediate,) }

Duration of Last Sickness, *13 days*
All the above information should be furnished by the Physician.

Place of Burial, *Myers Cemetery on Mt. Carmel Road*

Date of Burial, *June 26th 1877*

{ Undertaker, *Hughes & Co*

{ Place of Business, *65 S. Broadway*

Address

19 S. Broadway

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mr Henry Edwards

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

5

Years,

5

Months,

Days.

Color,

Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

Native

Place of Death, { Give street and number. }

105 Sarah Ann St

Cause of Death, { First (Primary), Second (Immediate), }

Abdominal Dropsy

Duration of Last Sickness,

Some months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

26th June

{ Undertaker,

P. H. Himmert

{ Place of Business,

317 Mulberry St

Address

192 Pearl St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

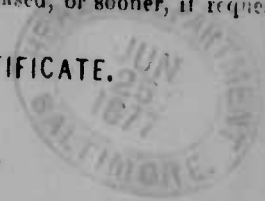
Permit No. 18508,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lottie McKnight

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 6 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 164 E Pratt

Cause of Death, { First (Primary,) Second (Immediate,) } Scarlet Fever
congestion of the Kidney.

Duration of Last Sickness, 3 weeks 2 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore

Date of Burial, June 26th 9 AM

{ Undertaker, W. P. Hall

{ Place of Business, 238 E Baltimore

I. Redway M. D.
Medical Attendant

Address No 121 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7950
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 25th 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *William Alexander Brown*

Sex, Male or Female, Cross out the word not required in this line. *Male*

Age, *One* Years, *23* Months, *3* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower Cross out the words not required in this line. *Single*

Occupation, *None*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore city*

Duration of Residence in the City of Baltimore, *None*

Place of Death, Give street and number. *No. 12 Booth Street*

Cause of Death, (First (Primary), Second (Immediate).) *Cholera Infantum*

Duration of Last Sickness, *Three days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *June 27th 1877*

Undertaker, *J. B. Cook*

Place of Business, *207 W. Baltimore St. Balto Md.* Address *306 W. Fayette Street*

Chas M. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Agnes McKay

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

—

Years,

5

Months,

9

Days.

Color,

White

Sex,

Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto. City.

Duration of Residence in the City of Baltimore,

Since birth.

Place of Death, { Give street and number. }

142 Booth St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum -
Exhaustion -

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, June 26th 1877

{ Undertaker, J. B. Cook

{ Place of Business, 707 1/2 Baltimore

Benj. Whitney M. D.
" Medical Attendant.

Address 'Back Genl. Dispy'

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 1857/

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 25th 1877

Full Name of Deceased,

Write legibly and as fully as possible. If an infant not named, give names of parents.

Abner P. P. P.

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

118

Years,

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Redder

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Russia

Duration of Residence in the City of Baltimore,

Eight years

Place of Death,

Give street and number.

Howard Street

Cause of Death,

First (Primary.)

Second (Immediate.)

Phthisis Pulmonalis

Scarred

Duration of Last Sickness,

Two years

All the above information should be furnished by the Physician.

Place of Burial,

Okeh Shalom Cemetery

Date of Burial,

June 26th 77

Undertaker,

Wm. E. E. E.

Place of Business,

101 Gough St

Address

11 E. E. E. St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 24th 1877.
Mary A. High

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 63 Years,

Color, White Months, 2 Days.

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

House wife

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Her entire life

Place of Death, { Give street and number. }

577 Soratoga St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption
Two years

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Western Co.

Date of Burial, June 26 - 1877

{ Undertaker, J. D. Blackistonson

{ Place of Business, 606 Bath St

John P. Remington M. D.
Medical Attendant.

Address 98 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18573,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 24th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sarah Catherine Tacco.*

Sex, Male or Female, { Cross out the word not required in this line. } *Female.*

Age, *5* Years, *Months,* *Days.*

Color, *Negro* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *none*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto. Md.*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Shuter St.*

Cause of Death, { First (Primary,) *Marasmus*
Second (Immediate,) *Starvation*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *June the 26th 1877*

{ Undertaker, *Wm A. Ringe*
Place of Business, *62 East Street* Address

W. B. O'Reilly M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *18574*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 25-

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Es. O. Whately

Sex, Male or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

1

Years,

3

Months,

—

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

195. Eu St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

*Whooping Cough & Scarlatina
Congestion of the Brain*

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 26th 1878

{ Undertaker,

Charles F. Herold

{ Place of Business,

161 Hanover Street

Address

146. Hanover St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *18576*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 24th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Elmira Thomas

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Female

Age,

Three (3) Years,

One (1)

Months,

(13) Thirteen

Days.

Color,

Black

Sex,

Female

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

City of Balto

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

No 19. Stockholm St

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Dysentery Infantum

Duration of Last Sickness,

16. Days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 26th

Undertaker,

Hecker & Co

Place of Business,

180 W. 5th

Address

140 Scott St

Geo. D. Glane

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *18517*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *25th June 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Adah Bernier*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *—* Years, *10* Months, *—* Days.

Color, *white* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *577 N. Fayette St.*

Cause of Death, { First (Primary,) Second (Immediate,) *Cholera Infantum*

Duration of Last Sickness, *4 days*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, *June 25, 1877*

{ Undertaker, *Hughes & Co*

{ Place of Business, *350 Fayette St.* Address *535 N. Fayette St.*

W. D. [Signature] Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *18518*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

25th June 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Edwin Henrichs

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *10* Years, *10* Months, *23* Days.

Color, *Wink* Sex, *male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Montgomery St 170 Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

190 Montgomery St.

Cause of Death, { First (Primary,) }

Feeding

{ Second (Immediate,) }

Cholera

Duration of Last Sickness,

two days

All the above information should be furnished by the Physician.

Place of Burial, *Balk Cemetery*

Date of Burial, *June 26th 1877*

{ Undertaker, *Montgomery Cemetery*

{ Place of Business, *263 Light*

W. H. Helms M. D.
Medical Attendant.

Address *120 East St. Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Directed to the Following

Board of Health, City of Baltimore,

Permit No. *18579*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 24th 77*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Reinhold Behrman*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *3* Years, *1* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *4 mths*

Place of Death, { Give street and number. } *17 Randolph St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Whooping cough*
Pneumonia

Duration of Last Sickness, *About 5 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Cedar Hill*

Date of Burial, *June 26th 1877*

Undertaker, *Wm. H. Denny*

Place of Business, *268 Light*

Address *75 S. Chapel*

H. A. Jones M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

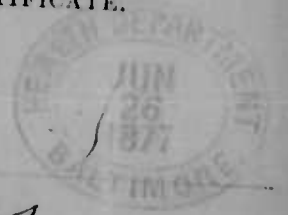
Permit No. *18520*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 25*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Fleming Edwards*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *36* Years,

Color, *White* Months, Days.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Seaman*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Va*

Duration of Residence in the City of Baltimore, *13 yrs*

Place of Death, { Give street and number. } *Balt. Infirmary*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis*

Duration of Last Sickness, *asthenia*
20 days

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *June 26th 1877*

{ Undertaker, *Armstrong & Derry*

{ Place of Business, *263 Light*

T. A. Ashby M. D.
Medical Attendant.

Address *Univ Hospital*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Color,

Years,

Months,

Days.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18522*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 25th 1877
Rosalie Lenz

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *72* Years, Months, Days.

Color, *white.*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *21 years.*

Place of Death, { Give street and number. } *Cor. Granby & Central Av.*

Cause of Death, { First (Primary), Second (Immediate), } *Cholera Morbus*

Duration of Last Sickness, *Two days.*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*

Date of Burial, *June 26th 1877*

Aug. F. Erich M. D.
Medical Attendant.

{ Undertaker, *Fred Suede*

Address *94 S. Broadway*

{ Place of Business, *29 S. Caroline St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *18523*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 25th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Walter Holmes

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

7

Months,

25

Days.

Color,

White

~~Married, Single, Widow or Widower,~~

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Holliday No 37.

Cause of Death,

First (Primary.)

Second (Immediate.)

Cholera Infantum Cholera Infantum.

Convulsions

48 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Western Cemetery

Date of Burial,

June 27th

C. F. Billerbaum

M. D.

Medical Attendant.

Undertaker,

W. R. Rodenreger

Address

44 N. Gay St.

Place of Business,

Ens

Balto. Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the blanks below, and to the list of diseases on back of this certificate.

Board of Health, City of Baltimore.

Permit No. *18524*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 25*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Martin Augustus Hoar*
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, _____ Years, *Eighteen* Months, _____ Days.
Color, _____
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *No. 7 Henry St.*
Cause of Death, { First (Primary.)
Second (Immediate.) } *Pneumonia
Convulsions*
Duration of Last Sickness, *4 months*
All the above information should be furnished by the Physician.
Place of Burial, *Baltimore Cemetery*
Date of Burial, *June 26th '77*
{ Undertaker, *Mr. Denny*
Place of Business, *Montgomery & Light Sts.*
Address *J. R. Dvor M. D.
529 Light St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 185257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 25-th-1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amelia Margaret Moore

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 17 Years,

Months,

Days.

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and number. } No 223 N. Durham St.

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathias Cem. of

Date of Burial, June 26. th 1877. Wm. L. Russell M. D. Medical Attendant.

{ Undertaker, H. Hoffmann.

{ Place of Business, 63 N. Eden St. Address Broadway
Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. 18526

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 26. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lucian A. Lee

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

3

Months,

Color,

White

Sex,

Female

Days.

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

No 3 Patterson Av City

Duration of Residence in the City of Baltimore,

3 months

Place of Death, { Give street and number. }

No 3 Patterson Av

Cause of Death, { First (Primary),
Second (Immediate), }

Whooping Cough
Cholera Infantum
6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Chathamstr Cemetery*

Date of Burial, *June 26*

Undertaker, *J. H. Adams*

Place of Business, *262 Fennell Av* Address

A. Tinsley M. D.
Medical Attendant.

454 N. Carey St

City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Thomas

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ————— Years, ————— Months, ————— Days.

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —————

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, —————

Place of Death, { Give street and number. }

97 S. High Street

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness, —————

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Cemetery

Date of Burial, June 26th 1877

Charles E. Thomas, M. D.
Medical Attendant.

{ Undertaker, James P. Byrne

{ Place of Business, 4th 63 N. Front St

Address 85 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years,

10 Months,

19 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mt. Olivet.

Date of Burial, June 26 1877

Undertaker, Wm. H. Wickman

Place of Business, 234 N. Gay St.

Address 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18529

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard & Elizabeth Anne Lee

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, Years, Months, Three Days.

Color, ~~red~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Larus Al 17

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Larus Al 17

Cause of Death, { First (Primary,) Malformation of head - Caput Secundum -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. Pub. Cemetery

Date of Burial, June 26th 1877

{ Undertaker, M. H. C. Pratt

{ Place of Business, Pratt St

Dr. G. Day M. D.

Address Balt. Genl. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully directed to the following

Board of Health, City of Baltimore,

Permit No. 18530

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 25th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Jeremiah McGarry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *65* Years,

Months,

Days.

Color, *W*

Sex, *M*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Philos

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

Twenty-two years

Place of Death, { Give street and number. }

101 W. Biddle St

Cause of Death, { First (Primary),

Apoplexy

{ Second (Immediate),

Dropsy

Duration of Last Sickness,

15 months

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*

Date of Burial, *June 27th 1877*

Richard M. Sherry M. D.
Medical Attendant.

{ Undertaker, *John's Scriven*

{ Place of Business, *271 N. Eutan*

Address

187 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following notice, and to the fact that the

Board of Health, City of Baltimore,

Permit No. 1853

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 24th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Christina

Ass

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

60

Years,

"

Months,

"

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Sex,

Female

Occupation,

Housekeeper

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

28 years

Place of Death, Give street and number.

11 Porter Alley

Cause of Death, First (Primary),

Second (Immediate),

Casualty

Duration of Last Sickness,

Pneumonia - 5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cem. E. Maris

Date of Burial,

June 27th 1877

M. D.

Medical Attendant.

Undertaker,

Chas. Scriven

Place of Business,

271 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18532

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Alice Sinkeny

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

100 Hudson St

Cause of Death,

{ First (Primary),
Second (Immediate), }

Dentition

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Mt Carmel Cem

Date of Burial,

June 27 1877

E. J. Williams M. D.

Medical Attendant.

{ Undertaker,

H. Beir

{ Place of Business,

Alicia

Address

144 Chesapeake

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION OF PHYSICIANS IS REQUESTED TO THE REMARKS BELOW, AND TO THE INSTRUCTIONS ON THE REVERSE OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

Permit No. 18533,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Micholland

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 50 1/2 Years, 11 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } St. Vincent's Hospital

Cause of Death, { First (Primary,) Hypertrophy of Heart
Second (Immediate,) Congestion of Lungs }
Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, St. Peter's Cemetery

Date of Burial, June 26th 1877

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *18534*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 25th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Kate Leary

Sex, *Male* or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

14

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto —

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

39 Lemon St —

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Asthma — born from birth — Mrs of Thomas

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St Peter's Cemetery

Date of Burial,

June 26th 1877

Undertaker,

J. B. Cook

Place of Business,

707 W. Baltimore

Address

279. W Lombard

Edw. J. McHolman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 185357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 25th 1877.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents.

George Robertson.

Sex, Male or Female,

{ Cross out the word not required in this line.

Age,

7

Years,

7

Months,

Days.

Color,

Colored.

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.)

Dorchester 3. Mass.

Duration of Residence in the City of Baltimore,

7 years.

Place of Death,

{ Give street and number.

4 Tiffennew Coast.

Cause of Death,

{ First (Primary.)
Second (Immediate.)

Typhoid fever.

Duration of Last Sickness,

6 weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery.

Date of Burial,

27 June 10 O'clock.

Undertaker,

George C. Rodman.

Place of Business,

38 Enoch Street.

Address

37 N. Egle St.

Edward P. Devell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18536

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 25th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Bessie Houser

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

9

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

9 months

Place of Death, { Give street and number. }

Baltimore 56 N. Liberty St

Cause of Death, { First (Primary), { Second (Immediate). }

Cholera Infantum

Duration of Last Sickness,

4 days

Place of Burial,

Greenwood

Date of Burial,

June 26th

Undertaker,

Stewart M. Moberg 59 Park Ave

Place of Business,

35 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH,

Date of Death,

June 26th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

James H. Carlile

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Seventy three Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Property Agent

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

New Jersey

Duration of Residence in the City of Baltimore,

Fifty years

Place of Death,

{ Give street and number. }

32 Acquist St

Cause of Death,

{ First (Primary), }

Softening of the brain

{ Second (Immediate), }

Congestion of the brain

Duration of Last Sickness,

About three months

All the above information should be furnished by the Physician

Place of Burial,

Greenmount

Date of Burial,

Thursday Morning

Undertaker,

Wm. Grey

Place of Business,

54 N Broadway

Hilton & Taylor

M. D.

Medical Attendant.

Address

Broadway & McElderry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } May S Denton

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 26 Years,

Color, white Months, 6 Days, 21

Married, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number. } 288 N. Ann

Cause of Death, { First (Primary), Scarlet Fever } { Second (Immediate), }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 26th 1877

{ Undertaker, John H. Weaver

{ Place of Business, #22 W. Fayette St.

M. B. Billingslee

M. D.

Medical Attendant.

Address Cor. Hopkins & Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. 18539

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 25th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Clara Cook*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *15* Years, *15* Months, *—* Days.

Color, *white* Sex, *—*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *Lifelong*

Place of Death, { Give street and number. } *161 Llewellyn Street*

Cause of Death, { First (Primary), Second (Immediate). } *Cholera Infantum*

Duration of Last Sickness, *About 4 days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*

Date of Burial, *June 27th 1877*

Jos. Lloyd Martin M. D.
Medical Attendant.

{ Undertaker, *Jacob Weaver* Address *No 38 Mount Vernon Place*

{ Place of Business, *No 474 Grand Hill*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 185240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th '77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William L. Richardson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 78 Years, Months, Days.

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number. } 242 George St.

Cause of Death, { First (Primary.) Second (Immediate.) } Sympathy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet M. D.

Date of Burial, June 27th 1877

{ Undertaker, Fred Weaver

{ Place of Business, No 40 David Hill Avenue

Address 87 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1857/1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Johnson & Peter Taylor

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, ————— Years, ————— Months, 12 (Parents)

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Blk City

Place of Death, { Give street and number. } 166 Raborg St. Life

Cause of Death, { First (Primary.) Asthenia
Second (Immediate.) Life —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery James H. Stearns M.D.

Date of Burial, June 26th 1877

Undertaker, W. M. Brumby

Place of Business, East St. Address, Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Charlotte Warner Midwif

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 185742

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Anna Peazey
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female
Age, Years, Months, 3 Months Days, 5
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, Three Months
Place of Death, { Give street and number. } 78 North Poppleton
Cause of Death, { First (Primary,) Chorea Infantum
Second (Immediate,) about four days
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, St Peter's Cemetery
Date of Burial, June 25th 1877
Undertaker, L. R. B. White M. D. Medical Attendant
Place of Business, Corner 63rd Address 109 N. Ches St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 18543

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, or
out, to the Undertaker or other
sooner, if requested so to do, of
No PERMIT

Baltimore June 26th, 1887
HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John T. Nicol

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 4 Months, 1 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Balto City

Place of Death, { Give street and number. } 350 Alice Anna St

Cause of Death, { First (Primary), Second (Immediate), } Chol Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 27th 1887

Undertaker, { Name of Undertaker } Address

Place of Business, 265 Alice Anna St

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Dr St Geo W. Traylor [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Anna Maria Miller

Sex, ~~Male~~ Female, Cross out the word not required in this line.

Age, 18 Years, 21 Months, 19 Days.

Color, White Sex, female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) 112 Chopin St.

Duration of Residence in the City of Baltimore, life

Place of Death, Give street and number. 48 Burke St.

Cause of Death, First (Primary), *Pneumonia Pulmonalis*
Second (Immediate),

Duration of Last Sickness, one year and 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery Alfred Hughes M. D.

Date of Burial, June 26th 1877 Medical Attendant.

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton St.

Address 234 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to last of diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. 188248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Stephen M. Donough.

Sex, Male or Female,

Cross on the word not required in this line.

Age,

33

Years,

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Mariner:

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Ireland.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

28. Cambridge St.

Cause of Death,

First (Primary),

Second (Immediate),

Gastritis

Duration of Last Sickness,

Seven weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cemetery

Date of Burial,

June 26th 1877

Undertaker,

H. M. Gibmeyer

Place of Business,

341 Canton St.

Address

26, Calington Ave.
formerly Sheptank St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *185246*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26 ' 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Edward Griswald

Sex, Male ~~or Female~~,

{ Cross out the word not required in this line. }

Age,

Years,

2 Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

None

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

2 months

Place of Death,

{ Give street and number. }

152 N. Bond St

Cause of Death,

{ First (Primary),
Second (Immediate), }

*Meningitis
Spasm*

Duration of Last Sickness,

7 Days.

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cemetery

Date of Burial,

June 27 / 77

{ Undertaker,

Albany

{ Place of Business,

54 N Broadway

Address

137 E. Lomb St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 185247

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anthony

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 Years, 6 Months, weeks Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Foundling

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } 4 weeks

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death, { Give street and number. } St. Vincent's Infant Asylum

Cause of Death, { First (Primary,) Marasmus
Second (Immediate,) Hydrocephaloid
from admission

Duration of Last Sickness, from admission

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 28. 1877

{ Undertaker, Saml. Bowen
Place of Business, 152 Division St.

Marbury Brewer M. D.
Medical Attendant.
Address 251 N. Bidale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 185248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman F. G. Jettiholl

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 Years, Months, Days.

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 253 Eastern Avenue

Cause of Death, { First (Primary,) Peritonitis (from a fall) Second (Immediate,) Six days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, June 27th 1877

{ Undertaker, Hughes & Co

{ Place of Business, 155 S. Broadway

Thomas J. Evanson M. D. Medical Attendant.

Address No 18 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18549

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th '97

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Turner

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4 Years, 2 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 187 Tyeon

Cause of Death, { First (Primary,) Pulmonary Tuberculosis
Second (Immediate,) }

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Kearney

Date of Burial, June 28th '97

{ Undertaker, J. H. Green

{ Place of Business, 68 N. Green St.

J. H. Green

M. D.

Medical Attendant.

Address 89 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18550

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth).

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First (Primary),
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence May Davis

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, 5 Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 348 Stricker St

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 27th 1877

J. H. Keller

M. D.

Medical Attendant.

{ Undertaker, Chas P Scriver

{ Place of Business, 37 N. E. St

Address

of N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18552

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 25th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charlotte Friedrica Lebold

Sex, Male or Female, { Cross out the word not required in this line. }

female

Age,

1 Years,

11 Months,

18 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

since born

Place of Death, { Give street and number. }

61. N. Durham St

Cause of Death, { First (Primary.)
Second (Immediate.) }

Cholera infantum

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial, R. Paulus Cemetery

Date of Burial, 27th June 1855

{ Undertaker, William Nicolaus

{ Place of Business, 258 Alice Street

J. V. Gausch M. D.
Medical Attendant.

Address 27. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

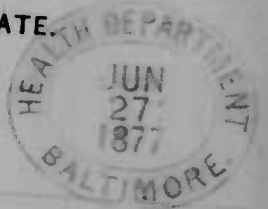
Permit No. 18533

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Jan 26 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Isaac Hagner

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

17

Months,

17

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

53 S. Republican

Cause of Death, { First (Primary),
Second (Immediate), }

Cerebral Effusion
36 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 27 1877

Undertaker, W. Leonard & Son

Place of Business, Balt St Address

D. P. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18534*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 26 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary S. & Stephen S. Alwell*
Sex, ~~Male~~ Female, { Cross out the word not required in this line. } *Parents*
Age, _____ Years, _____ Months, *3 hours* Days
Color, *white*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *374 E. Fayette St*
Cause of Death, { First (Primary.) Second (Immediate.) } *Convulsions*
Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*
Date of Burial, *June 27 1877*
{ Undertaker, *Mr. Fry* Address *Commissioner of Health*
{ Place of Business, *Broadway* Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information of Mary S. Alwell *Midwife* [OVER]

The Special Attention of Physicians is Respectfully Invited to the

Board of Health, City of Baltimore,

Permit No. 18555

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH,



Date of Death,

25th June, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Emma Miles

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Year, 10 Months, Days.

Color, White

Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

88 S. Carrollton Av.

Cause of Death, { First (Primary,) Second (Immediate,) }

Whooping Cough
Dysentery

Duration of Last Sickness,

2 or 3 weeks - I first saw the case 20 hrs. before death.

Place of Burial, Mt. Olive Cemetery

Date of Burial, June 25th 1877

John Hood, M. D.
Medical Attendant.

{ Undertaker, J. B. Cook

{ Place of Business, 707 W. Baltimore St.
Baltimore, Md.

Address 274 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18556

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 26th of June 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Schofield

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 63 Years,

Color, White, 10 Months, 26 Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Sex, Female, Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Hoxley England

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, { Give street and number. } 459 West Pratt St

Cause of Death, { First (Primary,) Second (Immediate,) } Paralysis

Duration of Last Sickness, 2 Years & Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 27th

Undertaker, J. B. Blackiston

Place of Business, 606 E. Baltimore

Hobbes M. D.
Medical Attendant.

Address 92 N. Eutan St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

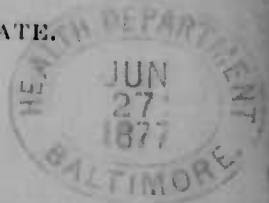
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

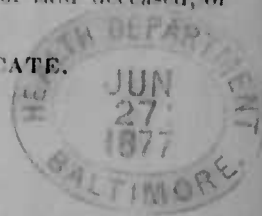
Permit No. *18558*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 26th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Maggie Hollman

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

1 Years,

11 Months,

5 Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give street and number. }

111 Dover St.

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Pertussis.

Pneumonia

Duration of Last Sickness,

About 7 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltic Cemetery

Date of Burial,

June 27 at 4 o'clock

Undertaker,

Henry Meyer

Place of Business,

106 W. Howard St.

Address

Balt. South Dispensary

J. W. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18559*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *24* Years, *5* Months, *21* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Dr. & maker*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *24 Years*

Place of Death, { Give street and number. } *255 Hollins St*

Cause of Death, { First (Primary,) *Consumption*
Second (Immediate,) }

Duration of Last Sickness, *6 Months*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery* *Paul G. Terhune* M. D.

Date of Burial, *June 28th 1877*

{ Undertaker, *J. B. Cook*

{ Place of Business, *707 W. Baltimore St.*

Address *582 W. Lombard*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18560

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 26 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Mary Leary

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

15

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

39 Lemon St

Cause of Death, { First (Primary,) Second (Immediate,) }

Asthenia - feeble from birth one of twins

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, June 27 1877

Undertaker, F. B. Cook

Place of Business, 707 W. Baltimore

Edw. J. Micholant M. D.
Medical Attendant

Address 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 26th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

William H Haymond

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

White

9

Months,

14

Days.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Balto.

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

137 N. Durham St.

Cause of Death,

First (Primary.)
Second (Immediate.)

teething
spasm

Duration of Last Sickness,

6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, June 27th

Undertaker, Wm. Fry

Place of Business, 54 N. Broadway

J. J. Gropf.

M. D.

Medical Attendant.

Address 137 N. Durham St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18562

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 26

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John H. G. Eckhoff

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

5

Months,

24

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

72 Buckhannon's Wharf

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 27 1877

Wm. D. (Signature)

M. D.

Medical Attendant

{ Undertaker, James D. Byrne

{ Place of Business, No 63 N. Front St

Address N.E. Cor. Sharp's Conway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 18563,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 26, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Farrell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One Year, 5 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) }

Duration of Residence in the City of Baltimore, Balto. City since birth

Place of Death, { Give street and number. } #332 S. Chase St.

Cause of Death, { First (Primary) Cholera Infantum
Second (Immediate) Congestion of Brain & Eclampsia
Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Cathedral Cemetery

Date of Burial, June 27, 1877

Undertaker, James P. Byrne

Place of Business, #63 N. Front St. Address

Geo. A. Hartman M. D.
Medical Attendant

#305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Laura Baith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Twenty Seven Years,

Months,

Days,

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

None.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

8 St Mary's St
Consumption

Cause of Death, { First (Primary.)
Second (Immediate.) }

"
one year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Elias C Price M. D.
Medical Attendant.

Date of Burial, June 27th 1877

{ Undertaker, Jacob Weaver

Address 262 Mad. St

{ Place of Business, No 47 to Truitt's Hall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18545

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 25th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Caroline G. Murray

Sex, Male or Female, Cross out the word not required in this line. Female

Age, 1 Years, 2 Months, Days.

Color, Black Sex, female

Married, Single, Widow or Widower, Cross out the words not required in this line. —

Occupation, —

Birthplace, State or country (and how long in the United States, if of foreign birth.) New York

Duration of Residence in the City of Baltimore, Two months.

Place of Death, Give street and number. No 47 St. Hermann St.

Cause of Death, (First (Primary,) Second (Immediate,)) Pertussis.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27th 1877

Undertaker, Jacob Weaver

Place of Business, No 426 Green Hill Avenue

Address, No 30 N. Carrollton Ave.

Albert Stephens M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **18566**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMITS FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *18567*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Saitz

Sex, Male or Female,

Cross out the word not required in this line.

Age,

3

Years,

2

Months,

Color,

White

Sex,

female

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

N. 29 Little Mt Eden St

Cause of Death,

First (Primary),

Second (Immediate),

Whooping Cough

Convulsions

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial, *St Alphonsus Cem*

Date of Burial, *Jun 27 1877*

Undertaker, *Henry Spork*

Place of Business, *309 Central av*

Address

G. Lieberman M. D.
Medical Attendant.

68 W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18568*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 25th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Edward Kelley*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *2* Years, *9* Months, *20* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) } *Baltimore Maryland*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *Cor. Warner & Astor St.*

Cause of Death, { First (Primary), Second (Immediate), } *Pseudo Membranous Croup.*

Duration of Last Sickness, *8 Days.*

All the above information should be furnished by the Physician.

Place of Burial, *Govanstown*

Date of Burial, *June 27th 1877*

Undertaker, *Joseph F. Byrne*

Place of Business, *58 & Liberty* Address *207 Hanover St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18569

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Arthur P. Reganert

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

0

Months,

4

Days.

Color,

White

Married, Single, Widower or Widowed, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore, City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

45 W Fayette St

Cause of Death, { First (Primary,) Second (Immediate,) }

Congestion of the brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 27th 1877

Undertaker, Joseph F. Byrne

Place of Business, 89 N Liberty

Thomas Shearer

M. D.

Medical Attendant.

Address 97 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 27th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *May E. Medcher*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *1* Years, *2* Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Knoxville, Tenn.*

Duration of Residence in the City of Baltimore, *5 months*

Place of Death, { Give street and number. } *485 S. Charles St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Cholera Infantum*

Duration of Last Sickness, *one month*

All the above information should be furnished by the Physician.

Place of Burial, *Cedar Hill*

Date of Burial, *June 28th 1877*

Undertaker, *Julius Koehler*

Place of Business, *Car Sharp & Co's*

Address, *321 Light St.*

J. E. Harrington M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OTER.]

Board of Health, City of Baltimore,

Permit No. 18571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 27th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Peter Young.

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, thirty Years, Months, Days.

Color, white Sex, Male.

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, { Give street and number. } 32. May St.

Cause of Death, { First (Primary,) Heart Disease. { Second (Immediate,)

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery D.C. Ireland M. D.

Date of Burial, June 27/77 Medical Attendant.

{ Undertaker, C. H. Haring Address Coronet E. Dent.

{ Place of Business, 136 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18572*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 25*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Thomas Keliyan*
Sex, Male or Female, { Cross out the word not required in this line. } *Male*
Age, *72* Years, *—* Months, *—* Days.
Color, *White*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*
Occupation, *Laborer*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland*
Duration of Residence in the City of Baltimore, *26* Years
Place of Death, { Give street and number. } *8 Albemarle*
Cause of Death, { First (Primary,) Second (Immediate,) } *Senile Miasma*
Duration of Last Sickness, *4 months*

All the above information should be furnished by the Physician.

Place of Burial, *St Vincents Cemetery*
Date of Burial, *June 27 1874*
Undertaker, *James P. Pyrie*
Place of Business, *No 63 N Front St*
Address, *Abraham B. Arnold, M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18573,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matthew Beauchamp

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 8 Months, 6 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 96 St. Peter St.

Cause of Death, { First (Primary,) Second (Immediate,) } Meningitis

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Annes graveyard

Date of Burial, June 28th

Undertaker, B. Harle

Place of Business, 411 Light St.

Address, 205 W. Lombard

J. G. Hambley M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

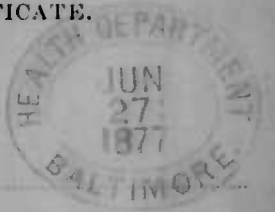
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18574*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Harry Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

5

Months,

—

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

35 William St

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

35 William St

Cause of Death, { First (Primary.)
Second (Immediate.) }

Cholera Infantum

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

A. Lyfones Burialground

Date of Burial,

June 27th

Geo. H. Pearson

M. D.

Medical Attendant.

{ Undertaker,

B. Haule

{ Place of Business,

411 Light Street

Address

35 William St
Algo

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

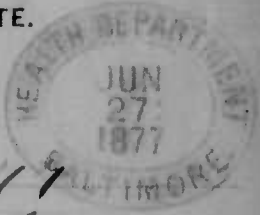
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 25 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Clayton
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 1 Years, 2 Months, Days.
Color, Color Sex, Female
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 88 Plum City
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } No 126 Plum City
Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) 12 Days
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, June 27th
Undertaker, Hercules B. D. D.
Place of Business, 180. N. St
Address, 180 N. St
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 25th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Alice Hunter

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years, Fourteen

Months,

Days.

Color,

Negro

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

No. 320 Durham st.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Capillary Bronchitis

Duration of Last Sickness,

About Eight months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cem

Date of Burial,

June 26 1877

DeLaney H Barclay

M. D.

Medical Attendant.

{ Undertaker,

John W. Locke

{ Place of Business,

57 S. Wolfe

Address

165 Argyle Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26th 1894

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Clarence Howard Carman

Sex, Male ~~or Female~~,

(Cross out the word not required in this line.)

Age,

Years,

4

Months,

Days.

Color,

White

~~Married, Single, Widow or Widower~~, (Cross out the words not required in this line.)

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Stoke New

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

205 St. Charles St

Cause of Death,

First (Primary.)

Second (Immediate.)

Cholera Infantum

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

June 27th 1894

Undertaker,

C. H. Krasner

Place of Business,

205 St. Charles St

Address

144 St. Charles St
City

Geo. H. Benson M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Arnold
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 1 Years, 6 Months, 14 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, { Give street and number. } 15 - Bayle St
Cause of Death, { First (Primary,) Choking Infantum
Second (Immediate,)
Duration of Last Sickness, 4 Days
All the above information should be furnished by the Physician.
Place of Burial, St. Catherine's
Date of Burial, June 28 - 1877 Theodore Croft M. D.
Medical Attendant.
{ Undertaker, C. H. Krause
Place of Business, 207 Howard St
Address 146 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18579

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26th 77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Rose May Cook

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

8 Months,

16

Days.

Color,

Str,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

227 Holling St.

Cause of Death,

First (Primary),

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

Ten days.

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

June 28th

Undertaker,

Wm. M. Leonard

Address

538 Mt Airy St

Place of Business,

782 N. Baltimore St

John M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18580

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 26/77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ann Elizabeth White

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

4

Months,

26

Days.

Color,

white

Sex,

Female

~~Married~~, Single, Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

15 N. Rappahannock St

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

June 28/77

Undertaker,

Blackwelder

Place of Business,

Baltimore

Address

396 W. Fayette St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18581

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph F. Sinclair

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, 14 Days.

Color, Sex, Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Co. Annapolis & Potomac

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Unknown { Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, June 27th 1877 J. H. Martin M. D.

Undertaker, Henry J. Sanders Medical Attendant.

Place of Business, 1008 Gayles St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18582

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 27th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertie Osenberg

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } No. Eldery Street and Broadway

Cause of Death, { First (Primary,) Nothing Second (Immediate,) Congestion of the brain }

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 28th 1877

M. D.

Medical Attendant.

Undertaker, H. Schultze

Place of Business, Monument St Address No. Eldery Street Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 25

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Clara Parker

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

5

Months,

—

Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. }

313 S. Eutan St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Cholera Infantum
24 hours

Duration of Last Sickness

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28th 1877

Undertaker, Jacob Davis

Place of Business, 103 Lee St

Theodore Corbett M.D.
Medical Attendant.

Address 146. Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18584*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 27th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } *Mary Ellen Neal*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Two* Years, *Six* Months, Days.

Color, *ed*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Low St 48*

Cause of Death, { First (Primary.) Second (Immediate.) } *Scarlet Fever*
Cholera Infantum

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St Vincent*

Date of Burial, *June 28th*

{ Undertaker, *John Jordan*

{ Place of Business, *Chesnut Park Ave*

E. C. Baldwin

M. D.

Medical Attendant.

Address *124 N. E. Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18585*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 26th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elysebeth Wall*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *Years,* *Months,* *Fifteen* Days.

Color, *Colored* Sex, *Female*

~~Married~~ Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *Baltimore Md*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *Since it left*

Place of Death, { Give street and number. } *107 York St*

Cause of Death, { First (Primary), }
{ Second (Immediate), } *Cholera Infantum*

Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery* *Wm. C. Applegate, M. D.*

Date of Burial, *June 27 '77* Medical Attendant.

{ Undertaker, } *J. H. Brown*

{ Place of Business, } *197 Broadway* Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25th June, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matilda Little

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, about 75 or 80 Years, Months, Days.

Color, Black Sex, Female

~~Married~~, Single, Widow ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Eastern Shore of Md.

Duration of Residence in the City of Baltimore, Not known

Place of Death, { Give street and number. } 71 Harmony Lane

Cause of Death, { First (Primary), Second (Immediate), } Valvular Disease of heart

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27, 1877

{ Undertaker, J. B. Smith } Address 274 Hollins St.

{ Place of Business, 175 Howard } Address

John Hood M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 26

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Cora Brooke

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

5-

Years,

24

Months,

1

Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth). }

Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. }

33. King St.

Cause of Death, { First (Primary). }

Second (Immediate.)

Scalitis

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician

Place of Burial,

Mount Vernon

Date of Burial, June 28, 1877

Undertaker,

Le Mass

Place of Business, 198 Howard St

Address

146 Howard St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18588

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 26. 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry Gibson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Two Years, 10. Months, Days.

Color, Black.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City.

Duration of Residence in the City of Baltimore, Two years.

Place of Death, { Give street and number. } No 20. Wainley St.

Cause of Death, { First (Primary), Second (Immediate), } Pertussis

Convulsions

Duration of Last Sickness, four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27, 1877

Undertaker, W. H. Man

Place of Business, 148 Howard

M. L. Mitchell M. D.
Medical Attendant.

Address Office, Cor. Chas and Bero
Residence 137 Montgomery St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or upon request so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 25 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

11pm

1877

Edward Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

1

Years,

1

Months,

Days,

Color, *red*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

35

Burgundy Alley

Cause of Death, { First (Primary), }

Whooping Cough & Cholera Infantum

Second (Immediate),

Asphyxia

Duration of Last Sickness,

5

Days

All the above information should be furnished by the Physician.

Place of Burial,

St. Paul Church

Date of Burial,

June 27, 1877

Undertaker,

John Jones

Place of Business,

185 Howard

Address

369

W. F. Faintland

A. W. G. Allen M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18590

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Murray

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, 2 Months, Days.

Color, M Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 2 months

Place of Death, { Give street and number. } 62 East Baltimore St

Cause of Death, { First (Primary,) Gastro Intestinal Catarrh
Second (Immediate,) Asthenia

Duration of Last Sickness, abt 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 28 1877

{ Undertaker, Thos. J. Hughes
Place of Business, 60 E Baltimore St

Address 84 E. Balto St

Chas. M. Moorfit M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 18591

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Francis Nibel

Sex, Male or Female, { Cross out the word not required in this line. }

female

Age,

1 Years,

Months,

17 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

since born

Place of Death, { Give street and number. }

347 E. Lombard

Cause of Death, { First (Primary), Second (Immediate). }

inanimation

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician

Place of Burial,

St. Alphonsus Cem.

Date of Burial,

June 28th 1877

P. G. Saund M. D.
Medical Attendant.

Undertaker,

Michael France

Place of Business,

No. 280 Canton St.

Address 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18592

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 26th. June 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amy Schneider
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 1 Years, 10 Months, Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore, During lifetime
Place of Death, { Give street and number. } Gaugh Street 200
Cause of Death, { First (Primary,) } Cholera Infantum
{ Second (Immediate,) }
Duration of Last Sickness, 14. Days
All the above information should be furnished by the Physician
Place of Burial, St. Alphonsus Cem. William Hendel M. D.
Date of Burial, June 28th '77 Medical Attendant.
{ Undertaker, Michael Francis Address S. Wolfert. 117
{ Place of Business, Base Cantonment

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18593,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Nodulski

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

4 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City, Md.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

44 Lancaster St.

Cause of Death, { First (Primary.) }

Internal Convulsions

Second (Immediate.)

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

June 28th 1877

Undertaker,

Henry Bein

Place of Business,

No 252 Alice Anna St. Baltimore

Address

243 Alice Anna St.

Medicinal Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 26, 1877

Full Name of Deceased, Asa F. Brooks

Sex, Male or Female, Male

Age, 11

Years, 7

Months, 7

Days, 7

Color, White

Married, Single, Widow or Widower, Single

Occupation,

Birthplace, Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, 382 W. Lombard St.

Cause of Death, Pertussis

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician

Place of Burial, Mount Olive Cem.

Date of Burial, June 28, 1877

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 27 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Robert Kemmer

Sex, Male ~~or Female~~

Cross out the word not required in this line.

Male

Age,

Years,

Eight

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore Md

Duration of Residence in the City of Baltimore,

Surgey

Place of Death, Give street and number.

No 688 Baltimore St

Cause of Death, First (Primary),

Second (Immediate),

Cholera Infantum
Three days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, June 28 1877

Undertaker, J.B. Cook

Place of Business, 707 W. Baltimore

Address

W. Muller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18896

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 27 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ruth Smith*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *1* Years, *3* Months, *7* Days.

Color, *white*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *1 year 3. months 7 days*

Place of Death, { Give street and number. } *57 Strawberry Alley*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *St Peter cemetery*

Date of Burial, *June 28 1877*

{ Undertaker, *J B Cook*

{ Place of Business, *No 707 N Baltimore street*

Address *379 W. Lombard St*

Dr. J. J. J. J. J. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18597

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 27-1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

George Edward Cromwell

Sex, Male ~~or Female~~,

Cross out the word not required in this line.

Age,

—

Years,

Eleven

Months,

—

Days.

Color,

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

154 Ramsey St

Cause of Death,

First (Primary),

Second (Immediate),

Tuberculosis (general)

Exhaustion

Duration of Last Sickness,

About Six months

All the above information should be furnished by the Physician.

Place of Burial,

London Park Cem. C. C. McDowell

M. D.

Date of Burial,

June 28th 1877

Medical Attendant.

Undertaker,

J. B. Cook

Place of Business,

707 W. Baltimore St.

Address

290 Madison Ave

917 Broadway Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

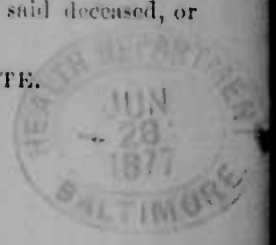
Permit No. 18598

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 27 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gerda May

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — Years, 5 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 240 S. Broadway.

Cause of Death, { First (Primary,) Acute Meningitis }
{ Second (Immediate,) }

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Eden A Cemetery

Date of Burial, June 28th 77

{ Undertaker, Wm. E. Lane } Abraham R. Woodward M.D.
Medical Attendant.

{ Place of Business, 101 Gough St } Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18599

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 24 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane & Henry Sewell
 Sex, Male or Female, { Cross out the word not required in this line. } (Parents)
 Age, _____ Years, _____ Months, 3 Days.
 Color, Cal C

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Information by Jane Baleman Midwife

Board of Health, City of Baltimore,

Permit No. 18600

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 27. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

George Davis Meyers

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

14

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No. 247 E. Lombard St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Transition During life

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Methodist Borne

Date of Burial, June 28th 1877

Undertaker, A. Gahler

Place of Business, 244 E. Lombard St.

J. D. Wicker

M. D.

Medical Attendant.

Address

No. 314 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18601

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 27th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not
required in this line. } ...

Age, 27 Years,

Color, *White* Years, *50* Months, *Fourteen* Days.
Married, *Single* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not
required in this line. }

Occupation,

Birthplace, { State or country (and how
long in the United States, if
of foreign birth. }

Bacterioides

Duration of Residence in the City of Baltimore,

Amie Rich

Place of Death, { Give street and }
number. }

300 Myrtle Avenue
L.I.C.

Cause of Death, { First (Primary,)
 { Second (Immediate,)

Cholera Infantum

Congestion of Brain

Duration of Last Sickness, _____
All symptoms _____

Three days

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Cem
Date of Burial

Date of Burial, June 28-1877

Lina Bacchin M. D.
Medical Attendant.

M. D.

Medical Attendant

Underaker, John J Rodenmayer

(Place of Business, Cor Hennant Ave
& Monument St

Address 100 Lane Lane St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 8602

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th - 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Rose Wright

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, 21 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 70 M. Kim St.

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum
Acute Hydrocephalus

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Augustine Cent.

Date of Burial, June 28. 77

Undertaker, John J. Rodman

Place of Business, Cor. Monument Ave.

Address, 166 E. Eager St.

Geo Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18603

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 28 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *John Harey Schoff*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *7* Years, *2* Months, *3* Days.

Color, Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *No 21 Wascbe St.*

Cause of Death, { First (Primary), Second (Immediate), } *Cholera Infantum*

Duration of Last Sickness, *about 3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *June 29 1877* *J. C. Harris* M. D. Medical Attendant.

{ Undertaker, *P. K. Harris* Address *No. 360 Lexington St.*

{ Place of Business, *Mulberry St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Gertrude Brotzman -

Sex, Male or Female, { Cross out the word not required in this line. } Female -

Age, 63 - Years, - 6 - Months, Days.

Color, white -

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow.

Occupation, - widow -

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany -

Duration of Residence in the City of Baltimore, 33 years -

Place of Death, { Give street and number. } 12 Walker Str -

Cause of Death, { First (Primary,) - Indigestion & diarrhoea
Second (Immediate,) - Gentle Prostration & old age -

Duration of Last Sickness, one week -

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 29 1877

{ Undertaker, Henry Koehn } Address 86 E. Fayette St

{ Place of Business, 309 Central Ave }

Medical Attendant, H. W. Dohme, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18605

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 27 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Isaac Hing

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

9

Months,

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

46 Maryland St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

46 Maryland St
Calver Infirmary

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, June 28th 1877

Undertaker, Andrew Dill

Place of Business, 168 Broad Hill Ave

Address

For Henry & Testman
City

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18606

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 27th 1877 1:30 P.M.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Lena C. Dunhauser*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, *8* Months, *28* Days.

Color, *White*

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *58 S. Canal St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*

Duration of Last Sickness, *Ten days*

All the above information should be furnished by the Physician.

Place of Burial, *Emmanuel Cemetery*

Date of Burial, *28 June 1877*

Undertaker, *John J. Smith*

Place of Business, *265 N. Holliday St*

Address *11 S. High St*

A. L. Shurtz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Saunders

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, 3 Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Norwichebury Pa

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death, { Give street and number. } N. Washington St. near Chase

Cause of Death, { First (Primary,) Second (Immediate,) } Chol Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Batts Cemetery

Date of Burial, June 28 1877

Undertaker, J. J. Rodenmaier

Place of Business, Monument St

Address, Commr of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John T. Saunders father [over.]

Board of Health, City of Baltimore,

Permit No. 18608

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth Elliott,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Years, Two (2) Months, (22) Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No. 382 East Madison St.

Cause of Death, { First (Primary,) } Cholera Infantum

{ Second (Immediate,) } Severe

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 28th 1877

Undertaker, M. A. Baugh Address No 102 N Broadway

Place of Business, Broadway

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Lancaster

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 7 Months, 27 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 159 Townsend St

Cause of Death, { First (Primary.) } Chol Infantum

{ Second (Immediate.) } 3 days

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, June 28th 1877

{ Undertaker, L. S. Lancaster

{ Place of Business, 386 Hayford Ave

Address, James A. Stinson, M.D.
Commiss of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics, City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her illness, to furnish the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Isaiah Lancaster, Father [OVER.]

Board of Health, City of Baltimore,

Permit No. 18610

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mattie Brall

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } 230 La Fayette Ave

Cause of Death, { First (Primary,) Intestine
Second (Immediate,) Cerebral effusion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician

Place of Burial, Alexandria Va

Date of Burial, June 29 1877

{ Undertaker, H.W. Jenkins & Son

{ Place of Business, 16 Light St.

J.C. Williams M.D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(Transit 818)

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18611

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 27th 77

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Charles Swickert

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

5

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Maryland

Duration of Residence in the City of Baltimore,

Ripetum

Place of Death,

Give street and number.

Hope Street

Cause of Death,

First (Primary.)

Second (Immediate.)

Dentition

Duration of Last Sickness,

a month

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cent

Date of Burial,

June 28. 77

Undertaker,

John J. Rodenmay

Dr. Brooke Doyle

M. D.

Medical Attendant.

Place of Business,

Car Monument and Monument Co

Address

166 E. Eagle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18612

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Battigan
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, _____ Years, 3 Months, 24 Days.
Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 28th 1877

{ Undertaker, H. Battigan

{ Place of Business, 201 West St.

Address: Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Henry Battigan Father

Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. 18613

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color, *White*

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18614*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Anna Cecil

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Two* Years,

Six Months,

eleven Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

84 William St

Cause of Death, { First (Primary,) Second (Immediate.) }

Pertussis

Cerebral Effusion

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet*

Date of Burial, *June 28, 77*

L. Langhorne

M. D.

Medical Attendant.

{ Undertaker, *Armstrong & Denny* Address
Place of Business, *R. 263 Light St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

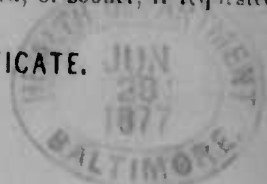
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 26 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Adeline F. North*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *One* Year, Months, Days,

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *14 Warren St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Pertussis & Chol. Infantum*
Meningitis Tubercular & Convulsions

Duration of Last Sickness, *One month*

All the above information should be furnished by the Physician

Place of Burial, *Green Mount*

Date of Burial, *June 30 77*

Undertaker, *Green Mount*

Place of Business, *207 Hanover St, Baltimore*

Address

Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

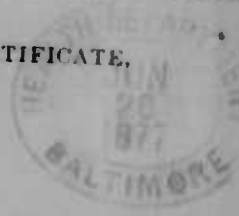
Permit No. 18616

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 27th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Evclina Taylor
 Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
 Age, 35 Years, 9 Months, (?) Days.
 Color, white

Married, ~~Single~~ ~~Widow~~ ~~on Widow~~, { Cross out the words not required in this line. }
 Occupation, Mother of a family
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
 Duration of Residence in the City of Baltimore, 35 years 9 months
 Place of Death, { Give street and number. } 116 Hughes Street
 Cause of Death, { First (Primary,) Second (Immediate,) } Phthisis Pulmonalis
 Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, North Clinton
 Date of Burial, June 28 x 77
 { Undertaker, Anthony Denny } Rich^d H. Thomas M. D. Medical Attendant.
 { Place of Business, N. 263 Light St } Address 438 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 27th 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } *John A. Henderson*

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, *36(?)* Years, Months, Days.

Color, *colored*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Stevedore*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Virginia*

Duration of Residence in the City of Baltimore, *17 years*

Place of Death, { Give street and number. } *21 St James St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Sporadic cholera*
Syncope

Duration of Last Sickness, *2 day*

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*

Date of Burial, *June 29th 1877*

{ Undertaker, *Wm. R. Linger*

{ Place of Business, *1862 East St*

Address *206 N. Eden St*

J. A. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18618,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alexander White

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 26 Days.

Color, red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

nameless court between Pratt & Lombard
Canal & Eden

Cause of Death, {

First (Primary),

Second (Immediate),

Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Lamel Cemetery

Date of Burial,

June 29

E. C. Baldwin

M. D.

Medical Attendant.

{ Undertaker,

William of Lyons

{ Place of Business,

62 East St

Address

124 N. Euter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18619*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Ellen Webb

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

One (1)

Months,

7

Days.

Color,

Col

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt. City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

1 S. Bithol St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Cholera Infantum

Exhaustion

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 29

C. L. Wilkins

M. D.

Medical Attendant.

{ Undertaker,

William J. Dwyer

{ Place of Business,

62 East St

Address

77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18620

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 27,*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Nicholas Hermline*
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, *79.* Years, *7.* Months, *10* Days.
 Color, *White*
 Married, ~~Single~~, ~~Widow~~ or Widower, { Cross out the words not required in this line. }
 Occupation, *Laborer*
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*
 Duration of Residence in the City of Baltimore, *25 years*
 Place of Death, { Give street and number. } *140 Hamburg*
 Cause of Death, { First (Primary,) *Phthisis*
 { Second (Immediate,) *Dropsy General.*
 Duration of Last Sickness, *5 months.*

All the above information should be furnished by the Physician.

Place of Burial, *Dread Hill Park Cem.*
 Date of Burial *June 29th 1877* *Thaddeus C. Coker* M. D.
 { Undertaker, *Julius Koehler* Medical Attendant.
 { Place of Business, *Carthage Bros & Co* Address *146 H. Avenue*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1862/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 27 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Medley
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 1 Years, 11 Months, Days.
Color, Cold

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28 1877

{ Undertaker, John H. Lock

{ Place of Business, Wolf St

Address, Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, John H. Medley, Father [over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 27*
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sarah Kellum,*
 Sex, Male or Female, { Cross out the word not required in this line. } *Female.*
 Age, *12* Years, *12* Months, Days.
 Color, *Negro*
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*
 Duration of Residence in the City of Baltimore, *Twelve months*
 Place of Death, { Give street and number. } *No 11 Duval St.*
 Cause of Death, { First (Primary,) Second (Immediate,) } *Marasmus,*
 Duration of Last Sickness, *Three weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Levens Cemetery*
 Date of Burial, *June 28 1877*
 Undertaker, *William Dunge*
 Place of Business, *No 10 Stockdale Alley*
 Address, *Edw M. D. M.D.*
 Medical Attendant, *N. W. Cor. Levens Cemetery*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18623

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 27 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Morrow

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 70 Years, 4 Months, 1 Days.

Color, White

~~Married~~ Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 158 Hudson St

Cause of Death, { First (Primary.) } Scarfulus Erysipelas
{ Second (Immediate.) } Apoplexy

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 29th 1877

Undertaker, John Mausher

Place of Business, No 150 Camden

Address 146 Hudson St

Medical Attendant, Theodore C. C. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18624,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 27 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Hagan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 206 S. Regester St.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Eclampsia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 29th June 1877

Undertaker, Wm. Nicolaus

Place of Business, 258 Alice Ann St.

James C. D. D. M. D.
Medical Attendant.

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18625

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen Clifford

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, 3 Months, 7 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Cathedral Cemetery House

Cause of Death, { First (Primary.) } Whooping Cough
{ Second (Immediate,) }

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 29th 1877

{ Undertaker, John Clifford } M. D. James A. Stearns

{ Place of Business, Cathedral Cemetery } Address Commis of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by John Clifford Father [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 27 and 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John G. Barschmidt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, Months, 27 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth). } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 165 Columbia St.

Cause of Death, { First (Primary.) Cholera Infantum
Second (Immediate,) Exhaustion

Duration of Last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 29 1877

Undertaker, P. Hummel

Place of Business, 311 Mulberry St.

C. L. S. Suddendorf M. D.
Medical Attendant.

Address 165 Columbia St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 26th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Byrne
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
 Age, 66 Years, Months, Days.
 Color, white

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, Housewife
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland
 Duration of Residence in the City of Baltimore, Fifty years
 Place of Death, { Give street and number. } 71 S. Spring St.
 Cause of Death, { First (Primary,) Second (Immediate,) } Inanition
 Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery
 Date of Burial, June 28 1877
 { Undertaker, Jas P Byrne } Address, Ball & N. Wash. St.
 { Place of Business, 63 Front St. }
 G. G. Hawley, M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18628

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 27th 1876

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sophia Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 15 Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Washerwoman

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

35 years

Place of Death, { Give street and number. }

No 280 Orleans St

Cause of Death, { First (Primary) Second (Immediate,)

Exhaustion from old age & disease

Duration of Last Sickness,

6 weeks perhaps longer

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, June 29th 1876

Ridgway Andre

M. D.

Undertaker, John H. Lock

Medical Attendant.

Place of Business,

Half St

Address No 121 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27 - 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Dancy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Ten Months, Days.

Color, African Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 57 N. Street

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give street and number. } Shuter St.

Cause of Death, { First (Primary,) Teething
Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Three Weeks (About)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 28 1877 A. J. Howard M. D.
Medical Attendant.

{ Undertaker, John W. Sochs
Place of Business, 58 S. Wolfe Address 75 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 18630

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 23^d June 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David C. H. Stone

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 1 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 349 Cathedral St

Cause of Death, { First (Primary,) meningitis
Second (Immediate,) }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, June 25th 1877

{ Undertaker, Chas. T. Scriven

{ Place of Business, 271 N. Eutan St

Address 129 W. Beddell

G. S. Tanyhill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special by Dr. J. A. Stewart [OVER.]

Board of Health, City of Baltimore,

Permit No. *18631*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 27th 77*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catharina Hoffmann*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *One* Years, *12* Months, *12* Days.

Color, *White* Sex, *Child*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Child*

Occupation, *Child*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Catonsville Ave. N. 10 Baltimore*

Duration of Residence in the City of Baltimore, *since the birth*

Place of Death, { Give street and number. } *Catonsville Ave. N. 10. Baltimore*

Cause of Death, { First (Primary,) Second (Immediate,) } *Summer Dysentery*

Duration of Last Sickness, *8 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Trinity Cemetery*

Date of Burial, *June 29th*

Undertaker, *John Schick*

Place of Business, *265 Alice Ann St.* Address

Ernst Hamel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18692.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 27th

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Wm Henry Boston

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Four Months,

Two Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

188 Huey St

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Diarrhea

Duration of Last Sickness,

Two Months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 28th

{ Undertaker,

Jacob Davis

{ Place of Business,

Lee St 103

Address

Julius Hall M. D.
Southern Avenue
45 Conway St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 27th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Bridget Smith.

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Twenty six Years,

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

9 years.

Place of Death, { Give street and number. }

191 N. Eden St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Smility.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery D.C. Ireland

M. D.

Date of Burial, June 28th at 4 o'clock

Medical Attendant.

{ Undertaker, George C. Rodman, Address

Coroner E. Dick

{ Place of Business, 38 E. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18634

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maggie Butt

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

4 Months,

12

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Washington St., Balt City

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give street and number. }

Washington St., & Gay St

Cause of Death, { First (Primary.) Second (Immediate.) }

Dysentery

meningitis

Duration of Last Sickness,

About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Joseph Cemetery

Date of Burial,

June 28

{ Undertaker,

Adam Fink

{ Place of Business,

461 N. Gay St

Address

241 N. Broadway

M. D. White

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18635,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *24th June 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Haines*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *54* Years, *11* Months, *1* Days.

Color, *R*

Married, ~~Single~~, ~~Widow~~, ~~or~~, ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Shoemaker*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *26 years.*

Place of Death, { Give street and number. } *28 Elizabeth Lane*

Cause of Death, { First (Primary), Second (Immediate), } *Pulmonary Consumption*

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, *St. Matthews*

Date of Burial, *June 29 - 77*

O. M. Dodge M. D.
Medical Attendant.

E. H. Haines
Undertaker,

209 Hanover
Place of Business, Address *207 Hanover*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18636

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 27th 1899
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence H. Schuster

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 4 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 142 S. Fremont St.

Cause of Death, { First (Primary,) Scarlet Fever
Second (Immediate,) Diphtheria

Duration of Last Sickness, 11 Days.

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, June 28 1899

Undertaker, E. F. Brown

Place of Business, 227 N. ...

A. W. Colburn M. D.
Medical Attendant.

Address 369 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 28th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Charles Wm Dorsey

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

8 Months,

23 Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

life

Place of Death,

Give street and number.

234 William St

Cause of Death,

First (Primary).
Second (Immediate).

Cholera Infantum

Duration of Last Sickness,

20 hours

All the above information should be furnished by the Physician.

Place of Burial,

Met Olivet

Date of Burial,

June 29th

J. H. Murray

M. D.

Medical Attendant.

Undertaker,

Wm J. Tickner

Place of Business,

65 S. Eutaw St

Address

76 S. Taca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18638

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *28 June 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Natharine Hill*

Sex, Male or Female, { Cross out the word not required in this line. } *female*

Age, *9* Years, *9* Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *59th Ward area*

Cause of Death, { First (Primary) } Second (Immediate,) *Cholera infantum*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*

Date of Burial, *June 29th 1877*

Underlaker, *Phil. J. Hill*

Place of Business, *183 Columbia Ave*

Address, *W. H. Bisquit*

C. Hoffmann M. I.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28 June 1897

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Sophia Munner

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 75 Years, Months, Days.

Color,

~~Married, Single~~, Widow or ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Md -

Duration of Residence in the City of Baltimore, -

Place of Death, Give street and number. 20 McMechin St

Cause of Death, First (Primary.) valvular disease of Heart -
Second (Immediate.) (with atony of stomach) -
and old age.

Duration of Last Sickness, (15 years) confined to bed 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Oliver G. L. Taneyhill

Date of Burial, 30 June

M. D.

Medical Attendant.

Undertaker, J. H. Holmes

Place of Business, 262 Rema av

Address 129 W. Biddle -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *18,640*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Edward Hariz;

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

Years,

2

Months,

15

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt^a City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

264 Cross St

Cause of Death, { First (Primary,) Second (Immediate,) }

*Inflammation of the Brain
Convulsions*

Duration of Last Sickness,

11 days.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cem.

Date of Burial,

June 29th 1877

{ Undertaker,

{ Place of Business,

S. A. Bell M. D.
Medical Attendant.

Address *161 Sharp St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

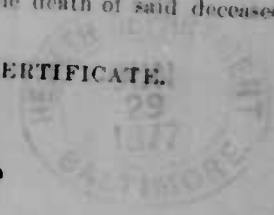
Permit No. 18641

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18642

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cecilia O. Hallenatie

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 18 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 2 Weeks

Place of Death, { Give street and number. } 11 Clements St.

Cause of Death, { First (Primary), Second (Immediate), } 7. Morphia, (Suicide)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, S. A. South Street

Date of Burial, June 29th 1877

{ Undertaker, — Address Norfolk St.

{ Place of Business, —

R. C. Lee M. D.
Medical Attendant.
Carroll S. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18643

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Unmarried Child M. Barker (Father)

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Years,

Months, Seven Days.

Color, White

Sex, female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

x

Occupation,

x

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Always

Place of Death, { Give street and number. }

26 Hollis Street

Cause of Death, { First (Primary,) Second (Immediate,) }

convulsions

Duration of Last Sickness,

One day

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of Old St. Peter's Church, above

A. Spideus

M. D.

Date of Burial,

Medical Attendant.

{ Undertaker,

M. G. G. G.

{ Place of Business,

Address 88 N. E. Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18644

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 18 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

James Patrick Mall

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

1

Months,

26

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number }

143 Ridgely St

Cause of Death,

{ First (Primary),
Second (Immediate), }

Pertussis

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Saint Peter's Cemetery

Date of Burial,

June 25th 1877

Undertaker,

Jos. Lowe & Sons

Place of Business,

568 W. Balto St

Address

C. W. Dodge

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 186478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 28th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Gertrude Gordon

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

10

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

10 mos

Place of Death,

{ Give street and number. }

296 Harford St.

Cause of Death,

{ First (Primary). }

{ Second (Immediate). }

supposed to be Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Baltimore Cemetery

attended by apothecary who

Date of Burial,

July 29th 1877

J. H. Drayson

M. D.

Undertaker,

Wm. H. Hickman

Place of Business,

234 N. Gay St.

Address

18 Ave. du Pont

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Boyer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, 8 Months, _____ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 85 Leadenhall St

Cause of Death, { First (Primary.) } Scurvy
{ Second (Immediate.) } Chol Infantum

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1877

{ Undertaker, Hercules Ross

{ Place of Business, West St

Address, Commis of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Margaret Smith Grandmother

[OVER]

Board of Health, City of Baltimore,

Permit No. 18647

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29 2 am

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dortha Heime

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 50 Years, Months, Days.

Color, white Sex, Female

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, 0

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, { Give street and number. } No 300. Montgomery

Cause of Death, { First (Primary.) Coarcted Hydrops
Second (Immediate.) Peritonitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 1st

John I. Litzner

M. D.

Medical Attendant.

{ Undertaker, H. Brule

{ Place of Business, Hercules #81

Address 77 Nord Eder

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Coagg

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 3 Years, 10 Months, 27 Days.

Color, white Sex, Female

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No. 362 Ostend St

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheritic Croup

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 29th 1877 J. C. Burch M. D.
Medical Attendant.

{ Undertaker, Julius Roehler Address 141 Hanover St

{ Place of Business, cor Sharp & Craps. st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June, 27th, 4 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah C. Barks

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

41

Months,

10

Days.

Color, red

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt's

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

238 N Durham

Cause of Death, { First (Primary,) Second (Immediate.) }

Cholera Infant

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, June 29

{ Undertaker, William C. Longue

{ Place of Business, 62 East St

A. L. Chertzer M. D.
Medical Attendant.

Address 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18650

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Carrie Cityman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21

Years,

10

Months,

Days.

Color,

Colored, light

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Ever out of the city

Place of Death, { Give street and number. }

No. 36 Tyson Street.

Cause of Death, { First (Primary),
Second (Immediate), }

Diphtheria

collapse

Duration of Last Sickness,

Seven days

All the above information should be furnished by the Physician.

Place of Burial,

Lamb Cemetery

Date of Burial,

June 29.

M. D.

Medical Attendant.

{ Undertaker,

Wm. J. Gray.

Address

{ Place of Business,

62 Mulberry St.

Ch. B. L. L. L.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Ambrose Wally

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 8 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } 105 Jasper street

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 105 Jasper street

Cause of Death, { First (Primary.) Second (Immediate.) } Tetanus Vesantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29.

Undertaker, W. J. Gray

Place of Business, 143 Mullen street

Address 143 Mullen street

H. Darling M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18652

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 27 June

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Anna S. Snowden

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 16

Years,

4

Months,

Days,

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 71 Foster ally (near St)

Cause of Death, { First (Primary,) Second (Immediate,) } Inflammation of Brain

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Ch St & any where

Date of Burial, June 29.

M. D.

Medical Attendant.

{ Undertaker, Wm J Gray.

Address 129 W Bedale

{ Place of Business, 10 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 29th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Amy L. Taylor*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *7* Years, *6* Months, Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *335 W. Fayette St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diphtheria*

Duration of Last Sickness, *Three days*

All the above information should be furnished by the Physician.

Place of Burial, *Trident Park Cem*

Date of Burial, *July 1st 1877*

Undertaker, *Hughes & Co*

Place of Business, *330 Fayette St*

Address *242 W. Lombard St*

Edward R. Ward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 186574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

8

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

78 N. Fulton St.

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

Jan 29th 1877

{ Undertaker,

Wm. H. T. Co.

{ Place of Business,

550 Angell St.

Address

77 N. Charles St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18655

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 27-1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Rebecca Turner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 24 Years, Months, Days.

Color, African

Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, House Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Calvert Co., Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number. }

Stockton, Al. 1 door S. Harlem Ave

Cause of Death, { First (Primary), Second (Immediate), }

Child birth

Puerperal Fever

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 29th 1877

{ Undertaker, W. H. Bish, &

{ Place of Business, 103 Lombard St

Geo. B. King, M. D.
Medical Attendant

Address Edmundson Ave
1 door west of Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18656

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *June 28. 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Wm Henry Boswell*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *2* Years, *2* Months, *21* Days.

Color, *Mulatto* ~~—~~ *—*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto —*

Duration of Residence in the City of Baltimore, *2. M. 21 Days.*

Place of Death, { Give street and number. } *48 Packer St. No 8. Ross St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Diankea*
Convulsions, exhaustion

Duration of Last Sickness, *10 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *June 29. 1877*

B W B Carter M. D.
Medical Attendant.

{ Undertaker, *John C. Goad* Address *117 Madison St*

{ Place of Business, *603. Park St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Wm Cook

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

eight

Days.

Color,

Black

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Parish Alley

Cause of Death, { First (Primary),
Second (Immediate), }

Cholera Infantum

Asthenia

Duration of Last Sickness,

four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

L. G. Spanow

M. D.

Date of Burial, June 29 1877

Medical Attendant.

{ Undertaker, Wm. S. Gorman

Address

Patterson Avenue 95

{ Place of Business, 63 Parson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18658

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 28th 1917

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Harry Southard McCurdy

Sex, Male ~~Female~~

{ Cross out the word not required in this line. }

Age,

2 Years,

9 Months,

22 Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

770 W Pratt St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Inflammation of Brain

Duration of Last Sickness,

Ten days.

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

June 30

Undertaker,

J B Cook

Place of Business,

707 West Baltimore

Address

J W Co Fayette Hall

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18659

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Twenty four* Years, *8* Months, Days.

Color,

Sex,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *London Park Ct*

Date of Burial, *June 29 1887*

{ Undertaker, *Paul & Bartlett*

{ Place of Business, *100 N. 3rd St*

Address

Baker

Germany

98 Crisp St

*Chronic Stomatitis (Pot.)
longation of Brain*

G. Lieberman

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 18660

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Anne Flaherty

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 10 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 153 S. Chester

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Eclampsia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, June 29th 1877

{ Undertaker, H. M. Gibmeyer
Place of Business, 341 Canton St. }

Address 299 E. Baltimore St.

James E. Darnall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

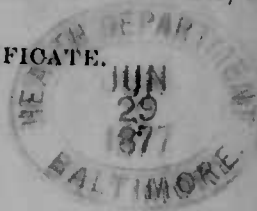
Permit No. 18667

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 27th 11 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Hallie

Spruell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

17

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

134 South High St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cataract

Duration of Last Sickness,

One day

All the above information should be furnished by the Physician.

Place of Burial,

Greenwood

Date of Burial,

June 29th 1899

{ Undertaker,

John A. Scriven

{ Place of Business,

271 N. Euterne

Address

11 S. High St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 29 June 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Brooks

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 11 Months, 11 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ind.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 252 Park Ave

Cause of Death, { First (Primary), Second (Immediate), } chol. Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, July 1 1877

Undertaker, John J. Scrivner

Place of Business, 271 N. Eutaw St

Address 129 W. 3rd St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18663,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 28 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary E. James

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Female

Age,

9

Years,

9

Months,

17

Days.

Color,

Dark

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Waiter

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Cookstown, Howard Co. Md.

Duration of Residence in the City of Baltimore,

7 months

Place of Death,

{ Give street and number. }

60 N. T. St.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Diphtheria

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's bury ground

Date of Burial,

29

Wm. H. Filler

M. D.

Medical Attendant.

{ Undertaker,

M. H. C. Perry

{ Place of Business,

Pratt St.

Address

166 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katey Lahey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 5 Months, Days.

Color, White Sex, Single

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt: Ind

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 9 Woodward

Cause of Death, { First (Primary,) mal-nutrition
Second (Immediate,) Convulsions

Duration of Last Sickness, 12 hrs

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, June 29th 1877

{ Undertaker, Joseph F. Byrne Address 218 Madison St.
Place of Business, 59th Liberty

Thos. S. Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

29 June 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Edward

Sex, Male or Female, { Cross out the word not required in this line. }

male

Age,

Years,

3

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

6 China St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Cholera Infantum
Exhaustion

Duration of Last Sickness,

14 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

June 30th 1877

{ Undertaker,

Charles F. Harold

{ Place of Business,

161 Hammer

Address

166 Columbia St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18666

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 26 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henry Reubin

Reubin

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

61

Years,

4

Months,

21

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

married

Occupation,

Sailor

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

32 years

Place of Death, { Give street and number. }

30 McElderry St

Cause of Death, { First (Primary,) Second (Immediate,) }

Chronic Myelitis
(Paraplegia -)

Duration of Last Sickness,

16 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial,

June 29th 1877

Abram B. Stuart

M. D.

Medical Attendant.

{ Undertaker,

J. H. Bell

{ Place of Business, 131 Hanover St.

Address,

High St. - Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28. 6pm

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sophia Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 Years, 14 Months, Days.

Color, white Sex, Female

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, O

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 15 Fort. Av.

Duration of Residence in the City of Baltimore, 14 months

Place of Death, { Give street and number. } 145 Fort. Av.

Cause of Death, { First (Primary,) Second (Immediate.) } Marasmus. infant.

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus John J. Tignor.

Date of Burial, June 29 1877

M. D.

Medical Attendant.

{ Undertaker, E. Stockhausen

{ Place of Business, Light St

Address 77 Nord Eubo

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

8668

OFFICE OF REGISTRAR OF VITAL STATISTICS

Any person who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Ann Bacon

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Forty nine Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Housekeeping

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Annsoundle county Maryland

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, { Give street and number. } No 302, S. Howard St

Cause of Death, { First (Primary,) Malaria affection
Second (Immediate,) Bilious Dysentery

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, New sharp st

Date of Burial, June 29 1877

{ Undertaker, Wm W Dunge
Place of Business, N 62 East st

Address J. J. Dyer M. D. Medical Attendant. No 144 Hill St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18669

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Thursday June 28th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Ridgway*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *3* Years, *25* Months, *25* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States if of foreign birth. } *Balto City*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *SW Corner Charles & Constitution Sts.*

Cause of Death, { First (Primary), Second (Immediate), } *Whooping Cough, Diphtheria & Malnutrition, Ten Days.*

Duration of Last Sickness, *Ten Days.*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery*

Date of Burial, *June 29-1877*

Undertaker, *John J. Rodenmayer*

Place of Business, *Greenmount Cemetery*

Address # *25 1/2 Greenmount Av*

Medical Attendant, *Wilmer Diniton M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 186711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 29th - 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Ida M. Bovey

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

4 Years,

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

131 Boyd St

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Dropsy

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cemetery

Date of Burial,

June 30th 1877

Undertaker,

J B Cook

Place of Business,

No 707 W Baltimore Street

Address

242 W Lombard St

Edward P. Ward

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 18671

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *Jun 26 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ann Myers*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *7* Years, Months, Days.

Color, *C*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *1 year*

Place of Death, { Give street and number. } *37 N. Howard St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Consumption*

Duration of Last Sickness, *about 3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *June 29 77*

Undertaker, *S. H. G. Moore*

Place of Business, *48 S. Howard St*

Address *25 Franklin St*

S. H. G. Moore M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

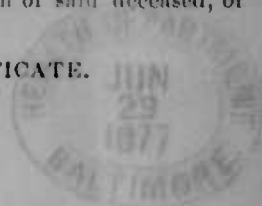
OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 28 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Marion Butler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30 1877

{ Undertaker, S. H. Chase

{ Place of Business, No 198 Howard St

O. A. Cole M. D.
Medical Attendant.

Address, 100 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 28 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Lula Booze

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

8

Months,

21

Days.

Color,

Colored

Sex,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Karmania, Georgia

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

as above

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Cholera

Duration of Last Sickness,

about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Wm. H. S. Cemetery

Date of Burial,

June 29, 77

{ Undertaker,

W. H. S. Cemetery

{ Place of Business,

W. H. S. Cemetery

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 27th, 1877
Lucian S. Garrett

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years,

Color, Colored Months, Days.

Married, Single, Widower or Widow, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 50 Morris St.

Place of Death, { Give street and number. }

66. Oxford St.

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum followed by Marasmus 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28, 1877

Undertaker, J. H. Hulse

Place of Business, 88 N. Main St.

E. C. Price & Son M. D. Medical Attendant.

Address 262. Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

18675

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 27th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jordan Sprigg

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

146 Howard street

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

146 Howard street

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Intestinal Hemorrhage

Duration of Last Sickness,

1 day

All the above information should be furnished by the Physician

Place of Burial,

Wm. St. Germain

Date of Burial,

June 28th 77

{ Undertaker,

W. H. Chase

{ Place of Business,

40th Howard St

Address

H. Darling

M. D.

Medical Attendant.

143 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18676
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 28th

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Laura E. Harper

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

25th

Years,

Color,

Colored

Months,

Days.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Maryland

Duration of Residence in the City of Baltimore,

5 years

Place of Death,

Give street and number.

204 Preston st

Cause of Death,

First (Primary),
Second (Immediate),

Confinement

Duration of Last Sickness,

Mania

About 12 hours

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 30 77

Undertaker,

J. H. C. Mann

Place of Business,

185 Howard st

H. B. Griffith

M. D.

Medical Attendant.

Address

60 Mc Culloch st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18677

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

24

Years,

5

Months,

Color,

red

Sex,

Female

Days.

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 30 77

{ Undertaker, S. H. Chase

{ Place of Business, 48 Howard St

Address 200 South Euter St

Baltimore

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18678

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Baltimore June 28th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Lydia Ann Hopkins*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *Years,* *Months,* *Twenty four Days.*

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Washing*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City Maryland*

Duration of Residence in the City of Baltimore, *Continued*

Place of Death, { Give street and number. } *No 59 W. Stockholmer St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Tubercular Meningitis*
convulsions

Duration of Last Sickness, *Six days*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp Cemetery*

Date of Burial, *June 29 1877*

{ Undertaker, *W. Chase* } *J. D. Dyer* M. D.
Place of Business, *178 Howard St* Address *No 144 Hill St Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henry Wilson

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

2

Months,

24

Days.

Color,

Col'd

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

No 5 Gillingham alley

Duration of Residence in the City of Baltimore,

all his life

Place of Death, { Give street and number. }

No 5 Gillingham al

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1877

Dr. E. Clay, M. D.

Medical Attendant.

{ Undertaker, B. W. Chapman

{ Place of Business, 98th S. Howard St

Address

18 S. Eutan St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 18680

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1897.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Brax

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, about 9 Years, Months, Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 18. Wayne St.

Cause of Death, { First (Primary,) } Influenza of { Second (Immediate,) } Bowels

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, June 30 1897

{ Undertaker, W. Chase } Address 108 1/2 Sharp St.

{ Place of Business, No 198 Howard }

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

1868/

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 29th 2 am.
Frederick Yeager

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, _____ Days.

Color, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. }

91 N. Washington St.

Cause of Death, { First (Primary),
Second (Immediate.) }

Adynamia
during life

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Martaes Cemetery

Date of Burial, 30 June

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline St

Address 14 S. High St

A. H. Shepherd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18682

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 28th 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Elizabeth Brunning

Sex, Male or Female, { Cross out the word not required in this line }

Age, Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number }

169 Harpd. Ave

Cause of Death, { First (Primary), Second (Immediate), }

Hooping Cough

Diphtheria with Convulsions
Two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Michaels Ct

Date of Burial,

June 30 1877

Undertaker,

Henry H. Rich

Place of Business,

309 Central Ave

Address

Geo Brooke Boyle M.D.
Medical Attendant.

166 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

18683,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

29th June 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Conrad Lauer

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

40 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Laborer

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

5 years

Place of Death,

{ Give street and number. }

210 E. Lombard St

Cause of Death,

{ First (Primary.) }

Cholera morbus

{ Second (Immediate.) }

Paralysis

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Stephens Church

Date of Burial,

July 30th 1877

{ Undertaker,

H. Köhler

{ Place of Business,

244 E. Lombard St

Address

244 E. Lombard St

J. F. Fathen M.D.
Statistical Assistant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew Herred Kedge

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 Years, 3 Months, 6 Days.

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Attorney at Law.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Howard Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 11028 Read St.

Cause of Death, { First (Primary,) } Epoplexy.
{ Second (Immediate,) }

Duration of Last Sickness, Forty-eight hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, June 30/77

{ Undertaker, H. H. Jenkins } Address
{ Place of Business, 16 Light St.

H. H. Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18685

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jones
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, _____ Years, 9 Months, _____ Days.
Color, cal

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of illegitimate children.

Information?

Locks Undertaker

Board of Health, City of Baltimore,

No. 18686

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 29th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Harry B. Marriott*

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. } *Male*

Age, *7* Years, *11* Months, *11* Days.

Color, *white* Sex, *male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt.*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *124 T. Sharp St.*

Cause of Death, { First (Primary,) *Cholera Infantum*
Second (Immediate.)

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Landon Cemetery*

Date of Burial, *June 30th 1877*

{ Undertaker, *Joseph F. Byrne* Address
Place of Business, *59 on Liberty St.*

J. N. Butler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 29, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Roscoe G. Henry Armor

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One Year, 0 Months, 29 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 327 Bond St.

Cause of Death, { First (Primary) Dysentery & Pertussis
Second (Immediate,) Congestion of Brain }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 30th 1877

{ Undertaker, Henry W. Mears

{ Place of Business, 45 N Gay St.

Address 305 A. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 18688

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Morganick

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 9 Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baker St

Duration of Residence in the City of Baltimore

Place of Death, { Give street and number. } Baker St

Cause of Death, { First (Primary,) Colera Infantum
Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 30 1877 H. J. H. M. D. Medical Attendant.

{ Undertaker, C. Wiegand
Place of Business, 53 Druid Hill Ave

Address Cor Perry & Treasman Cir

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18689
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 30 1877
August 17th.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 5 Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

1 Mather Park, Rollan Road
Acute Meningitis.

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 1st 1877

Undertaker, Geo Schilling

Place of Business, Ashland square

Abraam B. Newell M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1869

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 29 June

Full Name of Deceased, { Write legibly and spell correctly. If at infant not named, give names of parents. } Edward Tark

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 48 Years,

Color, white Months, Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, machinist

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Chemnitz + Saxony - Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number. } 403 Eager St

Cause of Death, { First (Primary,) Typhoid Fever
Second (Immediate,) Exhaustion.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 1 July

Undertaker, G. C. Kepler

Place of Business, 399 E. Eager St

A. F. Pinkard M. D.
Medical Attendant.

Address 224 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Friday June 29th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Timothy D. Calahan

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

49

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Married

Occupation,

"Stone Cutter"

Birthplace,

State or country (and how long in the United States, if of foreign birth)

Ireland

Duration of Residence in the City of Baltimore,

Thirty Years.

Place of Death,

Give street and number

412 Prices Place.

Cause of Death,

First (Primary),

Lymphitis

Second (Immediate),

Brain Complication with Paraplegia

Duration of Last Sickness,

Has been confined to house past ten years.

All the above information should be furnished by the Physician

Place of Burial,

Western Cemetery

Date of Burial,

June 30 - 77

Undertaker,

John J. Rodenmayr

Address

25 1/2 Greenmount Ave
Baltimore City

Medical Attendant

Place of Business,

Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

June 29th 1877
Wm D. Bull

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate, }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Woodbury Baltimore County

Date of Burial, June 30 1877

Undertaker, William Delaney

Place of Business, Woodbury Md

Address

L G Spanow M. D.
Medical Attendant.

Patterson Avenue 95

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18693,

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 29.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Kate Reiser*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *4* Years, *4* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Bath, New Albany Indiana*

Duration of Residence in the City of Baltimore, *2 months*

Place of Death, { Give street and number. } *141 - Bating Avenue*

Cause of Death, { First (Primary.) Second (Immediate.) } *Cholera Infantum*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cem*

Date of Burial, *July 1st 1877*

Undertaker, *Julius Kachler*

Place of Business, *146 Hanover St*

Address *146 Hanover St*

Thos. Crook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18694

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 28th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Katie Breier

Sex, Male or Female,

{Cross out the word not required in this line.}

Female

Age,

Years,

Four (4)

Months,

Twenty Eight Days.

Color,

White

Married, Single, Widow or Widower,

{Cross out the words not required in this line.}

Occupation,

Birthplace,

{State or country (and how long in the United States, if of foreign birth.)}

Baltimore, Md

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{Give street and number.}

No. 109 Washington St.

Cause of Death,

{First (Primary.)
Second (Immediate.)}

Chorea Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Pauls Church

Date of Burial,

June 30 1877

Undertaker,

Mr. Funk

Place of Business,

Bank St

Address

No. 102 N. Broadway

Wm H. Henshaw M. D.

Medical Assistant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charlotte Crofts

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

No 34 Church Street

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 34 Church Street

Cause of Death, { First (Primary,) Second (Immediate,) }

Hydrocephalus (acute) Exhaustion

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 30th 1877

{ Undertaker, Edward McEule
Place of Business, 21 New Church St

W. H. L. M. D. Medical Attendant.

Address, 106 N. Liberty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18696
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Lopp
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 6 Years, 1 Months, 3 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, since birth
Place of Death, { Give street and number. } 115 Saratoga St.
Cause of Death, { First (Primary,) } Scarlatina
{ Second (Immediate,) } Bright's dis Kidneys
Duration of Last Sickness, 14 days
All the above information should be furnished by the Physician.
Place of Burial, St. Alphonsus Cemetery
Date of Burial, July 1st 1877
{ Undertaker, Wm. James Gray }
{ Place of Business, 115 Mulberry St. }
Address 115 Saratoga St.



M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1869
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Pyritz
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, _____ Years, 8 Months, _____ Days.
Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt Co

Duration of Residence in the City of Baltimore, _____

4 mos

Place of Death, { Give street and number. }

Boundary Ave & St. Paul St

Cause of Death, { First (Primary.)
Second (Immediate.) }

Chol. Infantum
one week

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Aug 7 1877

J. A. Stearns M. D.

Undertaker, E. J. 4 " 1877

Place of Business, Eutan St

Address, Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by, Theodore Pyritz Gasher [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1869/8
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 29th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles Chandler
Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

7 Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

306 Montgomery St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurels Cemetery

Date of Burial, July 1st

Undertaker, Hercules Ross

Place of Business, 180. W. 5. St.

Address 262 Sharp St.

R. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 18699

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 29th 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Adeline Wolf

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, _____ Years, 5 Months, 18 Days.

Color, _____ Sex, _____

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) Balti

Duration of Residence in the City of Baltimore, _____

Place of Death, Give street and number. 9 Jackson St

Cause of Death, First (Primary), Cholera Infantum
Second (Immediate), _____

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loyd St. Cemetery

Date of Burial, June 30 1877

Undertaker, Wm. E. Lane

Place of Business, _____

Medical Attendant, Sam'l F. Powell M. D.

Address No 29 Asquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

18700

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 20

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

James Ed Green

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

14

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

9 Barclay St

Cause of Death,

First (Primary),

Second (Immediate),

Mania

Duration of Last Sickness,

Since Birth

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet cemetery

Date of Burial,

July 1st 1877

Herbert C. B. B.

M. D.

Medical Attendant.

Undertaker,

Charles B. Herald

Place of Business,

161 Baltimore

Address

146 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18701,

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 29 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Cawood

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, Col C

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 2 months

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Malnutrition
Second (Immediate,) Chol Infantum }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Pleasant

Date of Burial, June 30 1877 James A. Stearns M. D.

Undertaker, M. H. C. Perry

Place of Business, Pratt St

Address, Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mary Cawood Mother

Board of Health, City of Baltimore,

18702

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 29.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Louisa Becker

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

53

Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

24 years

Place of Death,

Give street and number.

124 Lee St

Cause of Death,

First (Primary.)

Second (Immediate.)

Hypertrophy of the Heart
Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Western Cemetery

Date of Burial,

June 30th

Sherton Leake

M. D.

Medical Attendant.

Undertaker,

J. N. Trolle

Place of Business,

131 Hanover St

Address

146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

18703,
The physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1877
Full Name of Deceased, Lizzie Jane Dorsey
Sex, Female
Age, 13 Years, 8 Months, 5 Days.
Color, Colored
Married, Single, Widow or Widower, Single
Occupation, Washer

Birthplace, Baltimore Md
Duration of Residence in the City of Baltimore, all life
Place of Death, North Bay or Bell St
Cause of Death, Consumption
Duration of Last Sickness, about two years

Place of Burial, Laurel Cemetery
Date of Burial, June 29 1877
Undertaker, H. McChase
Place of Business, 12198 Howard
Address, 18 Arisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18704

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, / Years,

Months,

Days,

Color,

Married, Single, Widow or Widower { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetery

Date of Burial, Tomorrow 4 O'clock

Undertaker, Jacob Guller

Place of Business, No 211 Harrison St.

J. Ridgway Moore M. D.
Medical Attendant.

Address, No 121 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of legitimate children.

[OVER.]

Board of Health, City of Baltimore,

1870

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 30th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents. *Edith Campbell*

Sex, ~~Male~~ or Female,

{Cross out the word not required in this line.}

Age,

Years,

1 Month

20 Days.

Color,

white

Married, Single, Widow or Widower,

{Cross out the words not required in this line.}

Occupation,

Birth place,

{State or country (and how long in the United States, if of foreign birth.)}

Balt. Md.

Duration of Residence in the City of Baltimore,

since birth

Place of Death,

{Give street and number.}

438 E. Monument St.

Cause of Death,

{First (Primary.)}

Marasmus

{Second (Immediate.)}

Exhaustion

Duration of Last Sickness,

since birth

All the above information should be furnished by the Physician

Place of Burial,

Green Mount

Date of Burial,

July 1st 1877

H. Flawley, M.D.
Medical Attendant.

{Undertaker,

Henry Hovey

{Place of Business,

309 Central Ave

Address *Balt. & Wash. sts.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18707

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 29th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary A. Drummond

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

3

Months,

15

Days.

Color,

Dark

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

1166th Street

Cause of Death,

First (Primary).
Second (Immediate).

Cholera Infusion
One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp & Cemetery

Date of Burial,

June 30th 1877

Undertaker,

John H. Hatcher

Place of Business,

1313th Canal

R. M. Hill

M. D.

Medical Attendant.

Address

262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

18708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 1 Year, 8 Months, Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth). }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1, 1877

Undertaker,

Place of Business,

A. Kummert

Mulberry St

Address

2 Cathedral St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29 1879
Full Name of Deceased, Mary James
Sex, Male or Female, ☒ Male ☐ Female
Age, Three & four Years, Months, Days.
Color, Dark

Married, Single, Widowed or Widower, ☒ Single
Occupation, House Servant
Birthplace, ☒ State or country (and how long in the United States, if of foreign birth.)
Duration of Residence in the City of Baltimore, Three years
Place of Death, ☒ Give street and number. No 2 Playlows Row
Cause of Death, ☒ First (Primary,) Pulmonary
☒ Second (Immediate,) Consumption
Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Burial Hall
Date of Burial, July 1 1879
Undertaker, ☒ J. M. L. R. M. D.
Place of Business, ☒ J. M. L. R. Medical Attendant.
Address, 87 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18710

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Julia Grofs

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

2 Months,

15 Days.

Color, *d*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

" Life time

Place of Death, { Give street and number. }

242 W. Bethel St

Cause of Death, { First (Primary.) Second (Immediate.) }

Whooping Cough

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*

Date of Burial, *July 1st 1877*

Undertaker, *John W. Locks*

Place of Business, *Jefferson St*

James H. Stearns M. D.
Medical Attendant.
Commissioner of Health
Address & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Undertaker

[OVER.]

Board of Health, City of Baltimore,

No. 18711

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } M I Tennant.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 45 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, House

Birthplace, { State or country (and how long in the United States, if of foreign birth. } France

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, { Give street and number. } 88 4 Charles St. Balt.

Cause of Death, { First (Primary,) Angina Pectoris
Second (Immediate,) }

Duration of Last Sickness, About five minutes

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery M. D. Smith.

Date of Burial, July 1st 1877 M. D.

Undertaker, Joseph F. Byrne Address

Place of Business, 59 n Liberty

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877/2

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Thomas Clark

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

3

Months,

11

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cor. Mosher St & Foster Alley

Cause of Death, { First (Primary),
Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St Peters Cam

Date of Burial,

July 1st 1877

M. D.

Medical Attendant.

{ Undertaker,

Wm B Scriven

Address

{ Place of Business,

271 N Eutan st

68 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18712

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Richard S. Fogarty

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

Years,

Months,

Two

Days.

Color,

White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Patterson Avenue No 20
Cholera Infantum
Asthenia
Eight days

Cause of Death, { First (Primary,)
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, July 1st 1877

L. S. Sparrow

M. D.

Medical Attendant.

Undertaker, Joseph F. Pyra

Place of Business, 55 n Liberty

Address

Patterson Avenue 75

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1877
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 30th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Joseph Taylor

Sex, Male or Female,

Cross out the word not required in this line.

Age,

6 Years,

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

none

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

56 W. Spring St
Spains

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

4 days

Place of Burial,

Lunel Cemetery

Date of Burial,

July 1st 1877

Undertaker,

John W. Locks

Place of Business,

Jefferson St

James S. Stearns M. D.
Commissioner of Health

Address of Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mother

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, *June 30, 1877*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Flora Ahrend*

Sex, ~~Male~~ or Female, Cross out the word not required in this line. *Female*

Age, *11* Years, *11* Months, *11* Days.

Color, *white*

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line. *Single*

Occupation, _____

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, Give street and number. *7 Patterson St*

Cause of Death, First (Primary), Second (Immediate), *Cholera Infantum*

Duration of Last Sickness, *6 days.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Albans*

Date of Burial, *July 2nd*

Undertaker, *Wm. J. Tucker*

Place of Business, *65 S. Eutan St*

Ch. Tinsley M. D. Medical Attendant.

454 Carey St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18716

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 30, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nellie Grace Tucker

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, 6 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } #296 N Bond St.

Cause of Death, { First (Primary.) Tubercular Meningitis }
Second (Immediate,) _____

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, July 2nd 1877

Undertaker, Geo Schilling

Place of Business, Ashland square

Geo A Hartman M. D.
Medical Attendant

Address 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 18718

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness, or the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Spauld Cemetery*

Date of Burial, *July 1st 1877*

Undertaker, *Mr. H. C. Hickman*

Place of Business, *234 N. Gay St*

Address

E. A. Hullett

M. D.

Medical Attendant

157 Disque St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 18719

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 30, 1899.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Lula Keen

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Years,

one Month,

fourteen

Days.

Color,

white

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

10 South Bond St.

Cause of Death,

First (Primary),

Second (Immediate),

Gastritis.

Duration of Last Sickness,

3 weeks.

All the above information should be furnished by the Physician.

Place of Burial,

S. Vincent's burial

D.C. Ireland

M. D.

Date of Burial,

July 1st 1899

Undertaker,

Wm. H. Hickman

178. Rignith St.

Medical Attendant.

Place of Business,

234 N. Gay St.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 29 '77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Carrolla Peterson Garner

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore Md.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

425 Stockholm St.

Cause of Death,

First (Primary),

Second (Immediate),

Rubeola

Bilateral Bronchitis

Duration of Last Sickness,

9 weeks,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St

Date of Burial,

July 1st

Undertaker,

Herold's Boss

Place of Business,

180 W. 5th

Address

W. M. D.

M. D.

Medical Attendant.

4251 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18721

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 1st 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Anthony Lakina

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29th year

Months,

Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Bohemia

Duration of Residence in the City of Baltimore,

Two years

Place of Death, { Give street and number. }

15 Anthony St

Cause of Death, { First (Primary),
Second (Immediate), }

Phthisis Pulmonalis

Duration of Last Sickness,

Several years

All the above information should be furnished by the Physician.

Place of Burial,

Balt Cemetery

Date of Burial,

July 2^d 1897

Undertaker,

M. J. Fink

Place of Business,

N. Gay St

Address

31 N. Broadway

M. J. White, M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

18722

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Phoebe Watkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 15 Years, 15 Months, Days.

Color, { Cross out the words not required in this line. }

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 304 Hoffman

Cause of Death, { First (Primary.) Pertussis
Second (Immediate.) Convulsions } 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1st 1877

{ Undertaker, William H. Bishop Jr.
Place of Business, 109 Druid Hill Ave. }

Address 23 N. Eulton St.

C. Skirrow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18723
Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30th June 1874.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Sine
Sex, Male or Female, { Cross out the word not required in this line. }
Age, _____ Years, 11 Months, _____ Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City
Duration of Residence in the City of Baltimore, During Lifetime
Place of Death, { Give street and number. } S. Dushan Street 255.
Cause of Death, { First (Primary.) Cholera Infantum
Second (Immediate.) Convulsions
Duration of Last Sickness, 6 days
All the above information should be furnished by the Physician.
Place of Burial, St. Alphonsus City.
Date of Burial, July 2nd
Undertaker, St. Froelich
Place of Business, 346 Eastern Ave. Address L. Wulfer Dr. 117.
William Kennel M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial; a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 187211

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday June 30th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Betke

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 1

Color, White Months, 14 Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Sex, Male

Occupation, Single

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 48 O'Donnell St

Cause of Death, { First (Primary,) Anemia Second (Immediate,) Typhoid

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, 5th Avenue Reform St. Paul City

Date of Burial, July 1st

Undertaker, S. F. Froehlich

Place of Business, 246 Eastern Ave. Address 38 O'Donnell St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18725

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary George Mahoney

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Years, 4 Months, 9 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 152 Division Street

Cause of Death, { First (Primary,) Congenital Tuberculosis
Second (Immediate,) Meningitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, July 1st, 1877

{ Undertaker, J. B. Cook
Place of Business, No 707 W Baltimore Street

Address 201 W. Baltimore St.

Marbury Brewer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

No. 18726

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

38 Years,

Color,

White

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number.

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

18727
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Annie Hines

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

40 Years,

Color,

Months,

Days.

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

One of the Co. of Md.

Duration of Residence in the City of Baltimore,

2 years

Place of Death, { Give street and number. }

Camden Station, B. & O. R. R.
(Rm 75 Penn St.)

Cause of Death, { First (Primary,) Second (Immediate,) }

Belinda to be, Anurism of the Heart
about 5 minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

July 1, 1877

{ Undertaker,

{ Place of Business,

H. W. C. H. Co.

Address Hancock Barn St.

R. E. Lee M.D.

Baron St.

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 18728

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 29 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

James Beal

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age,

Years,

Five

Months,

& Twenty Seven Days.

Color,

Colored

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore city Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

221 Dover St

Cause of Death, { First (Primary),
Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

Five Days

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

July 1 1877

Liberia Cornish

M. D.

Medical Attendant.

{ Undertaker,

W. H. Chase

{ Place of Business,

303 Howard

Address

227 Dover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18729
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker, William of Eugene }

{ Place of Business, 62 East St }

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

No. 18730

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30th July, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Heiser

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, 3 Months, 6 Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Prussia

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 141 S. Lafayette St.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Colic }

Duration of Last Sickness, 1 m.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 1st 1877

Undertaker, Michael Francis

Place of Business, 280 Canton Ave

Address 141 S. 3rd

Arthur M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18731

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled
the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell
correctly. If an infant,
not named, give names
of parents.

Sex, Male or Female,

Cross out the word not
required in this line.

Age,

Color,

Married, Single, Widow or Widower,

Cross out the words not
required in this line.

Occupation,

Birthplace, State or country (and how
long in the United States,
if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and
number.

Cause of Death, First (Primary),
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty
of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish
within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth,
as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased,
and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

18732
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Color,

Years,

Months,

Days.

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 187 33

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18734

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

11

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Charnedel Cey

Date of Burial,

July 2

M. D.

Medical Attendant.

Undertaker, J. J. Chalmers

Place of Business, 362 Penna av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, 9 o'clock P.M. June 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Tudor Jr

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Six Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, Having it's life

Place of Death, { Give street and number. } No 3 Chapel St

Cause of Death, { First (Primary,) Second (Immediate,) } Supposed to have resulted from a fall Phrenitis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician

Place of Burial, Ball-Cemetery

Date of Burial, July 2 1877 J. Olin Dannelly

Undertaker, Wm Fox M. D. Medical Attendant

Place of Business, 54 N Broadway Address 28 Forest Place Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18736

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 30th - 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Walter Macomber

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

5 days

Place of Death,

Give street and number.

No 356 N Ann St

Cause of Death,

First (Primary.)

Second (Immediate.)

Suppurative Arterio-
sclerosis

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cemetery

Date of Burial,

July 2nd

Undertaker,

Geo Schelling

Place of Business,

Ashland square

Address

Broadway
Madison St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. **18737**
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 2.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William Williamson

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

3.

Months,

21.

Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

118. ~~West~~ John St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

11. days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet cemetery

Date of Burial,

July 3rd 1877

{ Undertaker,

Charles P. Herbert

{ Place of Business,

161 Hanover St

Address

146. Hanover St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 18738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Sex, ~~Male~~ or Female,

Age,

Color,

Married, Single, Widow or Widower,

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

3rd June 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Martha Maria Miller

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

10

Months,

Color,

white

Sex,

Female

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

178 N. Carrollton Avenue

Cause of Death,

First (Primary).

Second (Immediate).

Cholera Infantum

Duration of Last Sickness,

about 4 hours

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

July 2nd 1877

Left Jones

M. D.

Medical Attendant.

Undertaker,

Wheeler & Co

Place of Business,

330 Fayette St

Address

530 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary B. Knell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 10 Months, 13 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 288 W. 11th St

Cause of Death, { First (Primary.) } Diphtheria

{ Second (Immediate,) }

Duration of Last Sickness, 11 Days

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, July 2^d 1877

{ Undertaker, Jacob Weaver

{ Place of Business, Nos 4 & 6 Druid Hill Ave

Address 121 W. 11th St

J. W. Miller M.D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Johnson
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }
Age, _____ Years, 6 Months, _____ Days.
Color, _____
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 38. Peach alley
Cause of Death, { First (Primary), } Mal Nutrition
{ Second (Immediate), } Chol Infantum
Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, July 2 1877
Undertaker, Jacob Davis
Place of Business, See St

Address Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information of Alice Johnson Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 1 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Allat Bernard Berg

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, _____ Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } _____

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 152 Mulberry St

Cause of Death, { First (Primary.) Senpulation
Second (Immediate.) Chelera infant
Eight days

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Bg

Date of Burial, July 2 1877

Undertaker, John Schuttbeis

Place of Business, 159 1/2 Mulberry St

Address 114 Park Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary L. Dorsey

Sex, ~~Male~~ Female, Cross out the word not required in this line.

Age, col 9 Years, 9 Months, — Days.

Color, col

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Baltimore City

Place of Death, Give street and number. 223 Hughes St

Cause of Death, First (Primary.) Pertussis
Second (Immediate.) chol Infarction

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Sharp St Cemetery

Date of Burial, July 2 1877

Undertaker, Archie Ross

Place of Business, West St

Address Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Edward Dorsey Father

BOARD OF HEALTH, CITY OF BALTIMORE.

Permit No. 18744

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 1 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Townsend Dorney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, one

Years,

Months, fifteen

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } Cor of Harlem Ave & Fremont St

Cause of Death, { First (Primary,) Second (Immediate,) Cholera Infantum }

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Friends Burying ground

Date of Burial, July 3rd 1877

{ Undertaker, J. H. & Son }

{ Place of Business, 41 Bacon St }

Address

J. H. & Son

M. D.

Medical Assistant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Years,

10

Mouths,

Sex,

male

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 2nd 1877

Undertaker, Jas P Byrnes

Place of Business, 33 N. E. St

Address

Dist. of
Cholera Inf.
Convulsions
5 days

G. L. L. M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 18746

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Howard Addison

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color, White

1 Years,

Months,

Sex, Male

2 Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Baltimore City

Place of Death, { Give street and number. }

No 616 W. Fayette St

Cause of Death, { First (Primary), Second (Immediate). }

Cholera Infantum

Duration of Last Sickness,

12 Hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 2nd 1877

Undertaker, John S. Harker

Place of Business, 150 Camden

Address

Medical Attendant

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **18747**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Color,

Years,

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary).
Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18748

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

1st July 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Henry L. Kelso

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

4

Months,

Color,

White

Days.

~~Married, Single, Widow or Widower,~~

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Ind

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

89 N. Eustace

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cholera infantum

Diarrhoea

Duration of Last Sickness,

1

months

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

July 2^d 1877

Undertaker,

Charles Russell

Place of Business,

136 E. Bay St

Address

24 S. Mather

Featherston M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 1st 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Sitter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 81 Years,

Months, 1

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Seamstress

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

81 years 1 month

Place of Death, { Give street and number. }

138 N. Fremont Street

Cause of Death, { First (Primary,) Second (Immediate,) }

Old age
Physical debility.

Duration of Last Sickness,

about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial,

July 3rd

{ Undertaker, A. Weidenmeyer

{ Place of Business, 518 1/2 Balto St. West

Philip Winter Dr. M. D.
Medical Attendant.

Address 323 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Association of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 1st 77

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Carroll

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

11

Months,

Days.

Color, W

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

201 Preston St.

Cause of Death,

First (Primary),
Second (Immediate).

Cholera Infantum

Duration of Last Sickness,

4 Days

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral Cemetery

Date of Burial,

2nd July

1877

Undertaker,

Mr. J. Byrne 59 N Liberty St.

Place of Business,

59 N Liberty

Address

Balt. Genl. Dr. J. J. L. L. L.

Wm. J. Lockwood

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUL 2 1877
BALTIMORE

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 months

Color, ~~Female~~

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laval Cemetery

Date of Burial, July 1 1877

{ Undertaker, Mr. Kimball

{ Place of Business, 117 Pine St.

Address 30 N. Fremont St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

1 Years,

6 Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 2nd 1877

Undertaker, Jas P Byrne

Place of Business, 63 N Front St

Address

Two weeks

Abraham P Arnold M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18753

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Sex, ~~Male~~ or Female,

Age,

Color,

Married, Single, Widow or Widower,

Occupation,

Birthplace,

Duration of Residence in the City of Baltimore,

Place of Death,

Cause of Death,

Duration of Last Sickness,

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

12th July.

Anna Etta Elkin

Write legibly and spell correctly. If an infant not named, give names of parents.

Cross out the word not required in this line.

Cross out the words not required in this line.

State or country (and how long in the United States, if of foreign birth.)

Give street and number.

First (Primary),

Second (Immediate),

All the above information should be furnished by the Physician.

Loydell St Cemetery

William Elkin

101 George St

12th July

3 weeks,

No 48 Orleans St.

Cholera Infantum

Meningitis

one week

W C Van Bibber M. D.

Medical Attendant.

Address 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 18754

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nellie Cannon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 18 Days.

Color, White

Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 38 St Peter St B.C.

Cause of Death, { First (Primary,) Second (Immediate.) } Cholera Infantum

Duration of Last Sickness, 26 Hours

All the above information should be furnished by the Physician.

Place of Burial, Garden Park Cemetery

Date of Burial, 2nd July 1877

{ Undertaker, Frank W. Bell

{ Place of Business, 131 Hanover St.

Pembroke St. M. D. Medical Attendant.

Address 2134 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18758

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 1st 1894

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Fred Raush & Amelia Raush

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

4 Months,

Color,

White

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

122 S. Howard St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlatina

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 2d 1894

Undertaker,

Robert P. Ford

Place of Business,

131 Howard St.

Address

108 S. Howard St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18756

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mark Anthony Barclay
Sex, Male ~~Female~~, { Cross out the word not required in this line. }
Age, 4 Years, 4 Months, — Days.
Color, cal
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, —
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 23 Shuter St
Cause of Death, { First (Primary,) Second (Immediate,) } Chol Infantum
Duration of Last Sickness, 4 days
All the above information should be furnished by the Physician.
Place of Burial, Ballas St Church
Date of Burial, July 2 1877
{ Undertaker, John W. Lock Address Commis of Health
{ Place of Business, Wolf St Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Anthony Barclay Father

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2^d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary C. Browne

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 17 Days.

Color, white Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 17 days

Place of Death, { Give street and number. } 139 N Calvert St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery J. E. Chastard M. D.

Date of Burial, July 3 / 77 Medical Attendant.

{ Undertaker, J. M. Jenkins & Son Address 114 Park Ave
Place of Business, 16 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18758

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Bond

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 7 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City, Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } No 258 Montgomery st.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) }

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Calvary Cemetery

Date of Burial, July 2nd 1877

{ Undertaker, Charles R. Rife
Place of Business, 180 West st }

C. A. Cooke M. D.
Medical Attendant.

Address Cor. Lee & Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

personally invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18759

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 1st 12 o'clock noon
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Woolfson
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Years, 1 Months, 22 Days.
Color, White Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, None
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City
Duration of Residence, { City of Baltimore, Since birth
Place of Death, { Give street and number. } 24 Polomack St
Cause of Death, { First (Primary,) Anemia
{ Second (Immediate,) Diarrhea Diarrhea
Duration of Last Sickness, 4 days
All the above information should be furnished by the Physician.
Place of Burial, 5th Eum Reft St. Paul Cemetery
Date of Burial, July 2nd ..
{ Undertaker, Henry Froehlich
{ Place of Business, 236 Easton St Address 28 O'Donnell St
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male ~~Female~~

Cross out the word not required in this line.

Age,

2

Years,

4

Months,

Days.

Color,

White

~~Married, Single, Widowed, Divorced~~, {Cross out the words not required in this line.}

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

Cause of Death, {First (Primary.)
Second (Immediate.)}

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Alley of Carmel Convent~~

Date of Burial, July 18 77

Undertaker, John F. Githart

Place of Business, 265 W. Main St.

Address No 18 Jackson Place

Thomas J. Evans M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 12 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Elias Smith

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

1 Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

199. Orleans St

Cause of Death,

First (Primary.)
Second (Immediate.)

Gastritis

Duration of Last Sickness,

20 Days

All the above information should be furnished by the Physician.

Place of Burial,

Calles St grove

Date of Burial,

July the 2

Undertaker,

Thos J Locks

Place of Business,

56 Jefferson St

Address

137 Orleans St

M. D.

Medical Assistant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 30th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Geo. J. Greenwood

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 32 Years,

Color,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Colored

Occupation,

Single

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Driver (Coachman)

Duration of Residence in the City of Baltimore,

Balls. City Md.

Place of Death, { Give street and number. }

Since birth

Cause of Death, { First (Primary), Second (Immediate), }

Haywood Bartlett & Co. Foundry
Residence 42 Vine St.

Duration of Last Sickness,

A severe blow on the Heart (Accidentally)
Congestion or shock to the Heart
one hour

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 2nd 1877

Undertaker, J. J. Gray

Place of Business, 65 Mulkey St

N.W. cor

Address Hanover Barr St.

R. C. Lee M.D.

Coroner J. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18763,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Carter

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 35 N. Duncan St.

Cause of Death, { First (Primary,) } Marasmus
{ Second (Immediate,) } Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 2^d L. Hawville Runk M. D.
Medical Attendant.

{ Undertaker, Michael Funk

{ Place of Business, No. 33 Bank St. Address Ball's Wash. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 1 July

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Moulton

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 7 Years, 11 Months,

Color, white Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, 16+

Place of Death, { Give street and number. } 161 Linden Avenue

Cause of Death, { First (Primary,) Scarlet fever
Second (Immediate,) Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 3 July

Undertaker, J. Sewald

Place of Business, J. E. L. 35

Dr. F. Pennington M. D.
Medical Attendant.

Address 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 1st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Amelia Webb

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 24

Years,

Color,

Cal

Months,

Days.

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Berk Maryland

Duration of Residence in the City of Baltimore,

Fifteen Years

Place of Death, { Give street and number. }

No 1 Wilmon St

Cause of Death, { First (Primary), Second (Immediate), }

Placenta Praevia

Duration of Last Sickness,

Purpural Fever

All the above information should be furnished by the Physician

From 4 days since delivery

Place of Burial,

St. Mark's Cemetery

Date of Burial,

July 3, 1877

{ Undertaker,

W. W. Antin

{ Place of Business,

192 Pearl St

Address

192 Pearl St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 27th 1877

Full Name of Deceased, Annie L. Delaney

Sex, Male or Female, Female

Age, Thirteen Years, Six Months, Days.

Color, Fair

Married, Single, Widow or Widower, Single

Occupation, Nothing

Birthplace, Cecil county Maryland

Duration of Residence in the City of Baltimore, Nine years

Place of Death, No 376, Cross St

Cause of Death, Diphtheria

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27th

Undertaker, J. S. Byers

Place of Business, 185 Howard St

Address, No 146 Hill St Baltimore Md

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18767

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *July 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Wesley Thomas*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *6* Years, _____ Months, _____ Days.

Color, _____ Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Anne arundle. Co Md*

Duration of Residence in the City of Baltimore, *five years*

Place of Death, { Give street and number. } *51 Church Street*

Cause of Death, { First (Primary,) *Scarlet Fever*
Second (Immediate,) _____

Duration of Last Sickness, *Six days*

All the above information should be furnished by the Physician.

Place of Burial, *Levenshewbury*

Date of Burial, *Aug 2 1877*

{ Undertaker, *Samuel H. Thomas*

{ Place of Business, *188 Howard St* Address *257 Montgomery St*

John F. Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 15th 1877.*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *William A. McCoy.*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *10* Years, *18* Months, *18* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Prince George Co. Md.*

Duration of Residence in the City of Baltimore, *9 months*

Place of Death, { Give street and number. } *# 59 Burgundy Alley.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Teething*
Inflammation of Bowels

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Lamb Cemetery*

Date of Burial, *July 3, 77*

{ Undertaker, *J. P. Chan*

{ Place of Business, *4th Howard St.*

J. H. Bell M. D.
Medical Attendant.

Address *161 Sharp St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

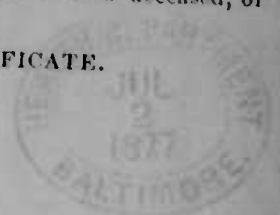
Permit No. 18769

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Wilson

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

61

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Seaman

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Queen Anne's Co. Md.

Duration of Residence in the City of Baltimore,

40 years

Place of Death, { Give street and number. }

373 Cross St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Brain Debility

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial,

St. Vincent's Cemetery

Date of Burial,

July 20 77

R. M. Hall

M. D.

Medical Attendant.

Undertaker,

W. P. Hall

Place of Business,

187 Shawmut St.

Address

262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Est Stanford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 15 Months, Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

1034 1/20 Chew St
West Iveson

Cause of Death, { First (Primary,) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balti Cem

Date of Burial, July 2 - 1877

W. S. S. S. S.

M. D.

Medical Attendant.

Undertaker, John J. Rodenmayer Address

Place of Business, Cor. Leimant and Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry D. Jackson
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 5 Years, 5 Months, Days.
Color, White Sex, male
Married, Single, Widow or Widower, { Cross out the word not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 617 W Pratt
Cause of Death, { First (Primary,) Cholera Infantum
{ Second (Immediate,)
Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Gas Lane & Sand Thor - Opie M. D.
Date of Burial, July 2nd 1877 Medical Attendant.
{ Undertaker, Louder Peck Address 396 W. Fayette St.
{ Place of Business, 368 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

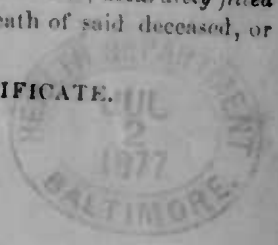
Permit No. *18772*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *June 30th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Wilhelmina Leach*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *68* Years,

Months,

Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *28 yrs*

Place of Death, { Give street and number. } *49 Druid Hill Ave*

Cause of Death, { First (Primary.) Second (Immediate.) } *Disease of Heart*

Duration of Last Sickness, *18 months*

All the above information should be furnished by the Physician.

Place of Burial, *Druid Hill Cemetery*

Date of Burial, *July 2nd*

Undertaker, *B. Wiegand*

Place of Business, *23 Druid Hill Ave*

Address

Geo C. G. Jones M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

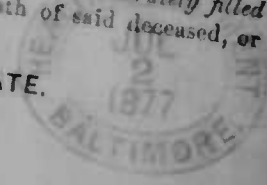
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18773.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 1

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Benj. Harrison Brashears

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

3

Months,

8

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Sex,

Male

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

260

Franklin St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

348

N. Calhoun

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

20 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 2nd 1877

Undertaker, Jacob Weaver

Place of Business, No 406 Grand Hill Avenue

Address 319 Lanvale St

Dr C Benzinger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18774

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anne Jane Shepherd

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, 1 Months, 26 Days.

Color, Col

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

15 Allen's alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Chol Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Anns

Date of Burial, July 2 1877

James A. Stearns M. D.

Undertaker, John W. Locks

Place of Business,

Half St

Address Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by - Virginia Shepherd mother

Board of Health, City of Baltimore,

Permit No. 18775

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 30 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Trageser

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

Years,

11

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

279 Central ave

Cause of Death, { First (Primary.)
Second (Immediate.) }

Cholera infantum
exhaustion

Duration of Last Sickness,

9 hours

All the above information should be furnished by the Physician.

Place of Burial,

St. Albans Co.

Date of Burial,

July 9 1877

{ Undertaker,

Henry H. Decker

{ Place of Business,

309 Central Ave

Address

256 N. Eden St.

J. A. Warner

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Sex, ~~Male~~ Female,

Age,

Color,

Married, Single, ~~Widow~~ or ~~Widower~~,

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18777

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria + Jacob Claverman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Parents

Age, _____ Years, _____ Months, 3 hours Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 463 Chesapeake St

Cause of Death, { First (Primary,) Premature Birth (7 mos)
Second (Immediate,) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 2nd 1877

Undertaker, H. Moore

Place of Business, Central Ave

Address, Commis of Health
Registrar

Signature, J. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Sophia Farr [OVER.]

Board of Health, City of Baltimore,

Permit No. 18778

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *July 1st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Ann Vansant*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *72* Years, Months, Days.

Color, *white*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Massachusetts*

Duration of Residence in the City of Baltimore, *50 years*

Place of Death, { Give street and number. } *74. N. Front St -*

Cause of Death, { First (Primary.) Second (Immediate.) } *Valvular Disease of the Heart with abdominal Aneurism*

Duration of Last Sickness, *15 months*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery*

Date of Burial, *July 3rd 1877*

{ Undertaker, Mrs John H. Weaver

{ Place of Business, #22 W. Fayette St

Address *279. W. Lombard St*

Edw. J. Nicholls M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 1st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Theresa Franz

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

Color,

Wh. 3

6 Months,

2

Days.

~~Married, Single, Widow or Widower,~~

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

ms

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

433 S. Fayette

Cause of Death,

First (Primary).
Second (Immediate).

Cholera infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Stephens Cem.

Date of Burial,

July 2nd 1877

Undertaker,

H. France

Place of Business,

No 280 Canton Ave

Address

J. H. Thomas M. D.
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18780

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
JUL 2 1877
BALTIMORE

Date of Death, July 1st 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm E. Mathews
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 42 Years, 3 Months, 26 Days.
Color, Mulatto
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, Brick maker
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore
Duration of Residence in the City of Baltimore, Since birth
Place of Death, { Give street and number. } 207 Rayburn St
Cause of Death, { First (Primary,) Hemiplegia
Second (Immediate,) Softening of brain
Duration of Last Sickness, 3 months
All the above information should be furnished by the Physician.
Place of Burial, Laurel cemetery
Date of Burial, July 2nd 1877
{ Undertaker, Wm J. Gray
{ Place of Business, 65 Mulberry St
Address 715 N. Fremont
M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Color,

Years,

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First (Primary), Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 3^d 1877

Undertaker, Henry N. Mears

Place of Business, 115 N. Gay St

Address 134 N. High St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, June 29th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eli Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, _____ Days.

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 17 Days

Place of Death, { Give street and number. } No 5 Mott St

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Lanel Cemetery

Date of Burial, July 2

Undertaker, William J. Brown

Place of Business, 62 East St

Address Broadway & Madison St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

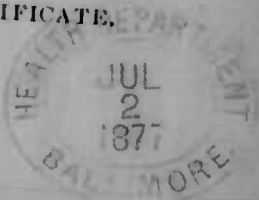
Permit No. 18783

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 1st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Ann Thomson

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

1 Years,

Months,

Days.

Color,

Black

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

127th Bethel St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Cholera Infantum

Duration of Last Sickness,

6 Days

All the above information should be furnished by the Physician.

Place of Burial,

Israel Cemetery

Date of Burial,

July 2

Undertaker,

William C. Longene

Place of Business,

62 East St.

J. E. Grop

M. D.

Medical Attendant.

Address 137 Wilson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents } Leopold Rider

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 2 Portland St

Cause of Death, { First (Primary,) Second (Immediate,) } Tubercular Meningitis
exhaustion

Duration of Last Sickness, 4 months

Place of Burial, { All the above information should be furnished by the Physician. } Chesapeake County

Date of Burial, July 3 1877

Undertaker, { Name } J. T. Knight

Place of Business, { Address } 22 N. Pratt St.

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28th

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Annie Wood

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 30 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. Balt. Infirmary

Cause of Death, First (Primary,) Phthisis
Second (Immediate,) Apnoea

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery

Date of Burial, Jun 30

Undertaker, H H & Co

Place of Business, 448 W. Pratt St

J. T. Sledge, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

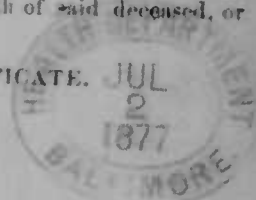
Permit No. 18786

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 2nd, 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Peter Lorenz

Sex, Male or Female, Cross out the word not required in this line. Male

Age, Years, 11 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, Give street and number. 419 Eastern Av

Cause of Death, First (Primary.) Cholera Infantum followed
Second (Immediate.) 7 Internal Convulsions.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, July 3^d 1877 John H. R. H. M. D. Medical Attendant.

Undertaker, Leonard V. V. V.

Place of Business, S. B. B. B. Address 243 Alice Ave St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18787

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within twenty-four hours after the death of *and* deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male ~~or Female~~, Cross out the word not required in this line.

Age, 36 Years,

Color, White

Months,

Days.

Married, ~~Single, Widow or Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth).

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First (Primary), Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from *Resolutions of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 1st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Harry Edward Quinn

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

9

Months,

7 Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City -

Duration of Residence in the City of Baltimore,

9 months

Place of Death,

Give street and number.

265 - E. Madison St.

Cause of Death,

First (Primary.)

Cholera Infantum

Second (Immediate.)

Convulsions

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Leafield Cemetery

Date of Burial,

July 3

Undertaker,

John W. York

Place of Business,

63 S. Wolf St.

Address

Pratt & Madison St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Color,

Years,

Months,

Days.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial,

Undertaker,

Place of Business,

Address,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18790

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

2^d July 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Rosa May Harden

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

5

Months,

16

Days.

Color,

White

Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt City

Duration of Residence in the City of Baltimore,

life time

Place of Death,

Give street and number.

82 Pine Street.

Cause of Death,

First (Primary),

Second (Immediate),

Whooping Cough
Congestion of Brain
Influenza

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Londonpark

Date of Burial,

July 3^d

Undertaker,

A. Weidenmeyer

Place of Business,

518 1/2 W. Balt St

Address

288 Madison Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 2nd. Midnight 1897*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Alice Muir*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *18* Years, *18* Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *126 Jefferson St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera Infantum*
Eclampsia

Duration of Last Sickness, *Saw Child Once.*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *July 3rd*

James E. Dr. M. D.
Medical Attendant.

Chas. Frey
Undertaker,

Broadway & Fayette St
Place of Business, Address *299 E. Baltimore St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18792

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

7th Mo 2^d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bertha O'Brien

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

female
18 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore.

Duration of Residence in the City of Baltimore,

13 months

Place of Death, { Give street and number. }

366 Light St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Pertussis

Duration of Last Sickness,

3 months.

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cemetery

Date of Burial,

July 3^d 1877

W. Riley

M. D.

Medical Attendant.

{ Undertaker,

Wm. H. Jenkins

{ Place of Business,

16 Light St.

Address

4 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18793

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2, 1877.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Minna Meath

Sex, Male or Female, Cross out the word not required in this line.

Age, 48. Years, 8 Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Germany.

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, Give street and number. E. Eagle St. 361.

Cause of Death, First (Primary), Second (Immediate), Cholera morbus.

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 3th 1877

Undertaker, C. Eckhard

Place of Business, 269 Canton St. Address

C. H. Pish, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18794

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Deshler

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 14 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore, 14

Place of Death, { Give street and number. }

Belair Avenue

Cause of Death, { First (Primary), Second (Immediate), }

Convulsion

Duration of Last Sickness, 1 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 3, 1877

Undertaker, A. Funk

Place of Business, _____

J. A. Stearns, M. D.

Address, Registrar of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informations by A. Funk - Undertaker [OVER.]

Board of Health, City of Baltimore,

Permit No. 18795

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 1st

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

James Rusk

Sex, Male or Female,

Cross out the word not required in this line.

Age,

58

Years,

Months,

Days.

Color,

(Colored)

Sex,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~

Cross out the words not required in this line.

Occupation,

Brick Burner

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Virginia

Duration of Residence in the City of Baltimore,

14 years

Place of Death,

Give street and number.

138 W. Eden St

Cause of Death,

First (Primary),

Second (Immediate),

Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July the 3rd

Undertaker,

Thos J. Locks

Place of Business,

56 Jefferson St

Address

Sam'l Thomas

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

16

Years,

Months,

Days.

Color,

White,

Married, ~~Single~~, ~~Widow~~, ~~Divorced~~,

{ Cross out the words not required in this line. }

Occupation,

Music Teacher,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Parchow, Germany,

Duration of Residence in the City of Baltimore,

Twenty Three Years,

Place of Death,

{ Give street and number. }

368 W Lexington St
Acute Peritonitis,

Cause of Death,

{ First (Primary,) Second (Immediate,)

And Days,

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Batterman Cemetery

Date of Burial,

July 3

John I. P. Moxed

M. D.

Medical Attendant.

{ Undertaker,

J. B. Corn

Address

City.

{ Place of Business,

704 West Batterman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18797

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd. 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ethel Butler,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 1 Months, 1 Days.

Color, Black Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 21 Little Monument St

Cause of Death, { First (Primary,) Acute spinal meningitis
Second (Immediate,) Convulsion

Duration of Last Sickness, 36 hours -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2nd 1877

{ Undertaker, Mr. & Mrs. Bishop & Co
Place of Business, 105 South Hillman

Address 128 Park Ave.

St. Geo. W. Seach M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 18798

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 1 1897*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Gammon*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Eight* Years, Months, Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *July 2 1897*

{ Undertaker, *Wm. H. Disher, Jr.*

{ Place of Business, *103 South Hillan*

Sam'l. St. Anderson M. D.
Medical Attendant

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *forty-eight hours* after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Grant,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 28 Years,

Color, white,

6 Months,

1 Days.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Housewife,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Wilmington, Del.

Duration of Residence in the City of Baltimore,

Eight months

Place of Death, { Give street and number. }

161 N. Caroline, St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Abortive
Hemorrhage
Ten days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 3rd 1877

Undertaker, Mr. Fry

Place of Business, B. Way & Fayette St

A. Glanville, M.D.
Medical Attendant.

Address Balto & Mack Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK

Board of Health, City of Baltimore,

Permit No. 18800

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Eliza Herman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, 6 Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 1625 North Gay

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, 3 July 5 O'clock Geo. B. Reynolds M. D. Medical Attendant.

{ Undertaker, George C. Rodman

{ Place of Business, 38 Basin St Address 48 North Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18,801

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 3rd 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Elizabeth Jones,

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

68 Years,

Months,

Days.

Color,

white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Housewife

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Dorchester Co. Md.

Duration of Residence in the City of Baltimore,

Forty years

Place of Death,

{ Give street and number. }

450 E. Lombard St.

Cause of Death,

{ First (Primary),
Second (Immediate). }

Continued Fever
Exhaustion

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Balt Cemetery

Date of Burial,

July 4/77

{ Undertaker,

Hughes & Co

{ Place of Business,

65 E. Broadway

H. Clavell, M. D.
Medical Assistant.

Address Balt & West St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18842

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie B. Bates

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, _____ Years, 6 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 8 Iron Place

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) _____ }

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 4 / 77

{ Undertaker, Hughes & Co

{ Place of Business, 65 S Broadway

James E. Donnell M. D.
Medical Attendant.

Address 298 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18803

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 2^d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph Weider

Sex, Male or Female, { Cross out the word not required in this line. }

male

Age,

57 Years,

6 Months,

4 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

married

Occupation,

Porter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

24 years

Place of Death, { Give street and number. }

13 S. Durham St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Pulmonary Tuberculosis

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

July 14th

Undertaker,

Michael Turk

Place of Business,

35 Bank St.

Address

27 S. Broadway

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *18804*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 2, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Anna Margaretta Smith*

Sex, Male or Female, { Cross out the word not required in this line. } *female*

Age, *2* Years, *6* Months, Days.

Color, *W* Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Gardener*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *2. 2. 6 M.*

Place of Death, { Give street and number. } *Greenway St. No. 126. Baltimore.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dysentery. Cholera.*

Duration of Last Sickness, *1. Day*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel*

Date of Burial, *July 3. 1877*

Undertaker, *Wm. Smith*

Place of Business, *135 Bank St.* Address

John M. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1880-5

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Rasmussen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 3 Months, 3 Days.
Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Eastern Ave 97

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Exhaustion

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 4th, 1877.

{ Undertaker, Peter Frey
Place of Business, 91 Eastern Ave

John D. Lehn M. D.
Medical Attendant.

Address 7 E. W. Lough & Son

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18806

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Anelia Miller
Female

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

5 Months,
White

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Sex,

Female

Days

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Born

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

150 Cross Street

Cause of Death, { First (Primary,) Second (Immediate.) }

Cholera infantum
Exhaustion

Duration of Last Sickness,

Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, St. Anthonys graveyard

Date of Burial, July 3rd

Undertaker, B. Tharle

Place of Business, 411 Light Street

S. W. Selous M. D.
Medical Attendant

29. S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18807

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Annie Katharine Haff

Sex, ~~Male~~ or Female, Cross out the word not required in this line. Female

Age, _____ Years, 6 Months, _____ Days.

Color, white

Sex, female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, none

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore Md.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, Give street and number. 102 Crop Street

Cause of Death, First (Primary), Second (Immediate), Cholera Infantum
Anemia of the brain
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Hipolytes graveyard

Date of Burial, July 3rd

Henry Salzer M. D.
Medical Attendant.

Undertaker, B. H. Harte

Place of Business, 411 Light Street Address 162 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18808

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 31 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.

George Thasta (Garla)

Sex, Male ~~Female~~, (Cross out the word not required in this line.)

Age,

— Years,

6 Months,

Days.

Color,

white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, Give street and number.

38 Balnes St.

Cause of Death, First (Primary),
Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

4 July

Aug. F. Erich

M. D.

Medical Attendant.

Undertaker,

Adam Lind

Place of Business,

461 N. Gay St.

Address

94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18809

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 2, 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Patrick

Sex, Male or Female,

Cross out the word not required in this line.

male

Age,

Years,

2

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Foundling

Duration of Residence in the City of Baltimore,

1 month

Place of Death,

Give street and number.

St Vincent's Infant Asylum

Cause of Death,

First (Primary.)

Second (Immediate.)

marasmus

Stomachic disorder

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

July 2, 1877

Undertaker,

Samuel Borza

Place of Business,

102 Division St

Marbury Brewer

M. D.

Medical Attendant.

Address 201 W. Middle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *18810*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 1st 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Lizzie Dennis*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, *14* Months, *1* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *Monument & Washington St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Feeling congestion of the brain*

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel*

Date of Burial, *July 3 1877.*

{ Undertaker, *Chas. Roeding*

{ Place of Business, *136 E. Fayette*

Wilton A. Taylor M. D.
Medical Attendant.

Address *Broadway & McElderry Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18811

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *July 2, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *David Gup*

~~Sex, Male or Female~~ { Cross out the word not required in this line. }

Age, _____ Years, *8* Months, _____ Days.

Color, *Blk*

~~Married, Single, Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, *none*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto Md*

Duration of Residence in the City of Baltimore, *8 mo*

Place of Death, { Give street and number. } *55 Vincent St*

Cause of Death, { First (Primary) Second (Immediate) } *Cholera Infantum*

Duration of Last Sickness, *1 wk*
All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *July the 3rd* *Reverend M. D.* Medical Attendant.

{ Undertaker, *Wm A. Hunter* Address *349 E. 1st St*
Place of Business, *21 East St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1888/2

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosa Anna Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, two Years, 10 Months, 10 Days.

Color, Brown skin

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, two months 10 days

Place of Death, { Give street and number. } No 13 Parish St.

Cause of Death, { First (Primary), Second (Immediate), } Anaemia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, July the 3rd

{ Undertaker, } Wm A. Runge

{ Place of Business, } 62 East St

Address N. W. Cor. Baltimore & Light

Medical Attendant. Edmund M. Price M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18813

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell
correctly. If an infant
not named, give names
of parents. }

Sex ~~Male or~~ Female, { Cross on the word not
required in this line. }

Age,

Years,

Months.

24 Days.

Color,

14

44

London

Married, Single, Widow or Widower } Cross out the words not
} required in this line }

Occupation,

Birthplace, { State or country (and how
long in the United States, if
of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and }
number. }

Cause of Death, { First (Primary,)
 { Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

(*Place of Business,*

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 188/41

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2^d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Israel Korach

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 62 Years, * Months, * Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Cap Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, { Give street and number. } Hebrew Hospital

Cause of Death, { First (Primary,) Probably cancer of Stomach
Second (Immediate,) Exhaustion

Duration of Last Sickness, About five months

All the above information should be furnished by the Physician.

Place of Burial, W. Hebrew Cemetery A. Friedewald M. D.

Date of Burial, July 4th 77 Medical Attendant.

{ Undertaker, J. J. Eilan

{ Place of Business, 101 Gough St Address 88 of Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18815

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 2nd 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Belle Houtchins
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, _____ Years, _____ Months, 27 Days.
Color, Cal
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 271 McMonogh St
Cause of Death, { First (Primary,) Second (Immediate,) } Chol Infantum
Duration of Last Sickness, one week
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, July 3rd 1877
Undertaker, Theo. J. Locke
Place of Business, Fayette St
Address, Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informant by Joshua Hutchins Father [C.R.]

Board of Health, City of Baltimore,

Permit No. 18816

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

28 July 1877.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Kathy Reichwald

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

1 Year,

5 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

During lifetime

Place of Death, { Give street and number. }

c. Lombard and Castle Streets

Cause of Death,

{ First (Primary.)
Second (Immediate.) }

Tuffis convulsions
Cholera Infantum

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

William Henkel

M. D.

Date of Burial,

July 30

{ Undertaker,

W. Conklin Lippel

Address

S. Wolfert St. 117.

{ Place of Business,

151 S. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18817

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2^d 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. George Earhardt -

Sex, Male or Female, Cross out the word not required in this line.

Age, 1 Years, 2 Months, 9 Days.
Color, white Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore City

Duration of Residence in the City of Baltimore, from birth

Place of Death, Give street and number. Canton Park

Cause of Death, First (Primary), Second (Immediate), Cholera Infantum

Duration of Last Sickness, eight days -

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 3rd 1877

Undertaker, H. H. Gibmeyer

Place of Business, 341 Canton St.

J. H. Martin M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18818

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23 July 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Conrad Metz

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, 9 Years, 9 Months, Days.

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Pr

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 420 Canton Ave

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum
Eclampsia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, A. Alchousus Cemetery

Date of Burial, July 4th 1877

{ Undertaker, H. M. Gibmeyer Address 245 E. Baltimore
Place of Business, 341 Canton St.

Heathen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 3, 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bertha Carl

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, Days.

Color, Blk

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bullo Ind

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, { Give street and number. } 55 Vincent alley

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera
Septicemia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 3 1877 and W. Carlman M. D.
Medical Attendant.

Undertaker, W. A. Burgee Address 319 Leach

Place of Business, No 10 street at

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18820

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 2 & 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Joseph Boker

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 6 Months, 3 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Cholera infantum — 177 Harford Ave

Cause of Death, { First (Primary,) Exhaustion
Second (Immediate,) Four 4 days

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cem. Sister M. D.

Date of Burial, July 4 Medical Attendant.

{ Undertaker, John Seufel

{ Place of Business, 616 W. Baltimore St. Address 29 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1882/

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 3^d. 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Elizabeth Norris Leonard

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

27 Years,

Months,

Days.

Color,

white

Married, ~~Single~~ Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Harford Co. Md.

Duration of Residence in the City of Baltimore,

18 years.

Place of Death,

Give street and number.

317 E. Baltimore St.

Cause of Death,

First (Primary).
Second (Immediate).

Septic Puerperal Fever

Duration of Last Sickness,

Fifteen Days

All the above information should be furnished by the Physician.

Place of Burial,

Quaker Burial Ground
20 miles on Harford Road

Date of Burial,

July 5th, 1877

Undertaker,

W. A. Daiger

Place of Business,

704 S. Broadway

Aug. F. Esick

M. D.

Medical Attendant.

Address 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 817

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18822

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's cemetery

Date of Burial, July 4 47

Undertaker, Armstrong & Deming

Place of Business, No 263 Light

Address

July 3rd 1877
Mary D. Anthony
Female
3 Months, 9 Days.
White

City

No 57 Croft St
Cholera Infectum
18 Days

W. B. Noble M.D.
Medical Attendant.

17 W. 11th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18823

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately*, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell
correctly. If an Infant
not named, give names
of parents. }

Sex, *Male* ~~or Female~~, { Cross out the word not
required in this line. }

Age, 29 Years, Months, Days.

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the words not
required in this line. }

Occupation,

Birthplace, { State or country (and how
long in the United States,
if of foreign birth.) }

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, { Give street and
number. }

Cause of Death, { First (Primary,) ...
 Second (Immediate,) ... *Acute Pulmonary Consumption*

Duration of Last Sickness, 7 mo

All the above information should be furnished by the Physician.

Place of Burial, *Western Cem*

Date of Burial, July 319

(Undertaker, *Wm. J. McKee*)

Place of Business, 15 S. Centre

Address

76 Paca W

M. D.

Medical Attendant.

*Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.*

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *18824*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 3rd 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles A. Schaefer*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, *6* Years, *10* Months, *5* Days.
Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Baltimore*
lifetime

Place of Death, { Give street and number. } *142 S. Fremont St*

Cause of Death, { First (Primary) Second (Immediate) } *Scarlet Fever Diphtheria*
Stomach

Duration of Last Sickness, *Six days*

All the above information should be furnished by the Physician

Place of Burial, *Mount Olivet*

Date of Burial, *July 9th 1877*

Undertaker, *C. P. Krause*

Place of Business, *267 Hanover St*

Address *166 S. Paca St*

W. W. Colburn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

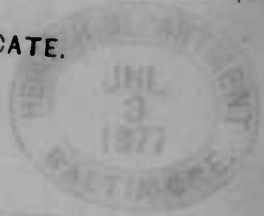
[OVER.]

Board of Health, City of Baltimore,
Permit No. 18,825
OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 3rd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

George Snell

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

Eight (8)

Months,

Seven (7)

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

206 Columbia Ave.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

206 Columbia Ave
Cholera Infantum

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

2 Days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alfronci's

Date of Burial,

July 11th

Undertaker,

Antonia Mayhall

Place of Business,

100 Mulberry St

Dr. D. Blake

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 18826

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2 1887
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura T. Martin
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
Age, _____ Years, _____ Months, 14 Days.
Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 81 S. Durham St

Cause of Death, { First (Primary) } Chol Infantile
{ Second (Immediate) } 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 4 1887 J. M. A. Stearns M. D.

Undertaker, C. Eckhardt

Place of Business, Alice Ann St Address Commis of Health
H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Information. Wm. H. Moore
Friend

Board of Health, City of Baltimore,

Permit No. 18827

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If on infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Color,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 4th 1877

{ Undertaker, C. H. Blizzard Cor. Paul & B. St. Address

{ Place of Business, 421 Penna. Ave.

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18828

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 2nd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Nathaniel Geo. Smith.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

80

Years,

2 Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Physician.

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Cornish New Hampshire.

Duration of Residence in the City of Baltimore,

56 yrs

Place of Death,

Give street and number.

89 Seabrook St. Baltimore

Cause of Death,

First (Primary),

Second (Immediate.)

Cystitis, Disease of Bladder and Prostate Gland, Several Years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

London Park Cemetery

Date of Burial,

5th July 1877

Undertaker,

H. J. Sedgwick & Son

Place of Business,

16 Light St

Address

Handwritten signature

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, July 3rd 1877

Full Name of Deceased, Write legibly and correctly. If an infant not named, give names of parents. Walter K. McCall

Sex, Male ☒ Female, Cross out the word not required in this line.

Age, 8 Years, 8 Months, 22 Days.

Color, White Sex, male

Married, Single, Widowed or Widower, Cross out the words not required in this line.

Occupation, B. C.

Birthplace, State or country (and how long in the United States, if of foreign birth.) B. C.

Duration of Residence in the City of Baltimore, Three Years

Place of Death, Give street and number. 725 Poppleton St

Cause of Death, First (Primary), Second (Immediate), Cholera Infantum

Duration of Last Sickness, 38 Hours

All the above information should be furnished by the Physician.

Place of Burial, London Park Frederick L. M. M. D.

Date of Burial, July 4th

Undertaker, W. Tuckner

Place of Business, S. Eulaw St Address 203 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 1st 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Maria Mahone

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 52 Years,

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Georgia

Duration of Residence in the City of Baltimore,

was here on a visit

Place of Death, { Give street and number. }

Arch St

Cause of Death, { First (Primary.) Second (Immediate.) }

I was not in attendance nor was any one else, she died suddenly - Am satisfied cause to be natural.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Sharp Cemetery

Date of Burial,

July 3 1877

Undertaker,

D. H. Chase

Place of Business,

117 Broadway

Address

W. H. Keen M. D.
55 N. Grove Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18831

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 30,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thos. S. Thomas

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

6.

Months,

7

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

2. Primmers Ct

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

13 Days

All the above information should be furnished by the Physician

Place of Burial,

Linnell Cemetery

Date of Burial,

July 3 1877

Undertaker,

B. H. Chase

Place of Business,

4. 178 Howard St

Address

146 Baltimore

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18832

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2d 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nancy Harmon

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Eight Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, { Give street and number. } No 9 Winter St

Cause of Death, { First (Primary,) ... Second (Immediate,) } Rheala
Cholera infantum

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 3 1877

{ Undertaker, W. Chase

{ Place of Business, 118 Howard St

L. D. Dyer M. D.
No 144 Hill St
Address Baltimore Md
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 18833

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1877-

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Alice Ulda Felemeyer

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, Years, Two Months, Days.

Color, white Sex, Female

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, Two months

Place of Death, Give street and number. 466 Mulberry St -

Cause of Death, First (Primary,) Ulceration of umbilicus causing intestinal inflammation and internal viscera - Second (Immediate,) Inanition -

Duration of Last Sickness, Five days -

All the above information should be furnished by the Physician.

Place of Burial, Handford Road Private Cemetery

Date of Burial, July 4th 1877

E. H. Holbrook M. D.
Medical Attendant.

Underlaker, J. B. Cook

Place of Business, No 707 W. Baltimore Street

Address 375 Laureate St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

over -

Board of Health, City of Baltimore,

Permit No. 18834

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James B. Watson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Anne Arundel Co Md

Duration of Residence in the City of Baltimore, Eight months

Place of Death, { Give street and number. } 208 Montgomery Street Baltimore

Cause of Death, { First (Primary.) } Pericarditis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician

Place of Burial, Hillierside

Date of Burial, July 4 1877 J. K. Wiley

M. D.

Medical Attendant.

Underlaker, J. K. Wiley

Place of Business, 102 E 3rd St Address 25 E Hanover Street Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 818

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18835

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Year, Months, 2 Days.

Color,

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 3rd 1877

Undertaker, James O. Byrne

Place of Business, No 62 N Front

John. M. Hunter, M. D.
Medical Attendant.

Address 111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1877

Full Name of Deceased, Andrew Jackson Maloney

Sex, Male ~~or Female~~

Age, 43 Years

Color, White

Months, 16

Days.

Married, Single, Widowed, or ~~Unmarried~~

Occupation, Sargt of Police

Birthplace, Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, 34 Linden Avenue

Cause of Death, Organic Valvular Disease of Heart

Duration of Last Sickness, 15 days

Place of Burial, Western Cemetery

Date of Burial, July 5th 1877

Undertaker, Jacob Weaver

Place of Business, No 486 Sand Hill

Address

City

M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. / 8837

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *July 2nd 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Freddy George Wells*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, *11* Months, *2* Days.

Color, *White*

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Living life*

Place of Death, { Give street and number. } *318 North Eden Street*

Cause of Death, { First (Primary,) *Cholera infantum*
Second (Immediate,) *Congestion of the brain* }

Duration of Last Sickness, *Ten hours*

All the above information should be furnished by the Physician.

Place of Burial, *Lexington Park, C.*

Date of Burial, *July 4, 1877*

Spilton & Taylor M. D.
Medical Attendant.

{ Undertaker, *Chas. Rosenberg*

{ Place of Business, *136 E. Payson*

Address *Broadway & McClellan Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18.838

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 3rd
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Edwin Cott
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 12 Years, 24 Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, None
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Richmond Va
Duration of Residence in the City of Baltimore, 8 months
Place of Death, { Give street and number. } No 2 N. Eden st.
Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum
Spasms.
Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery
Date of Burial, July 5th 1877
Henry W. Mears
{ Undertaker, Place of Business, } 45 N Gay St
John H. Conner M. D.
Medical Attendant.
Address 286 E. Balt st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18839

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Mary L. Cuskey

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, ~~Years~~ Years, — 1 Months, 7 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, —

Birthplace, State or country (and how long in the United States, if of foreign birth.) Washington DC

Duration of Residence in the City of Baltimore, 1 week

Place of Death, Give street and number. 160 Gough St

Cause of Death, First (Primary.) ~~Permatent Birth~~ Second (Immediate.) ~~Thyroid~~

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician

Place of Burial, St. Patrick's Cemetery

Date of Burial, July 4/77

Undertaker, Hughes & Co

Place of Business, 6 S. Broadway

Address

~~James A. Stearns~~
Caring for the
Rystrum

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Hughes & Co.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 188110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3, 77.
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. Whittingham Corrie
Sex, Male or Female, { Cross out the word not }
Age, 6 Years, 5 Months, Days.
Color, White

Married, Single, Widow or Widower, { Cross out the word not }
Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 6 1/2 yrs

Place of Death, { Give street and number. } 34 Argyle Ave

Cause of Death, { First (Primary,) Pneumonia
Second (Immediate,) debility

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician

Place of Burial, Baltimore

Date of Burial, July 5

Undertaker, C. H. Bizzard

Place of Business, 201 Pen

Address 349 Lee

M. D.

Deputy Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18841

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 3, 1877.*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Patrick Doyle*

Sex, Male or Female, Cross out the word not required in this line. *Male*

Age, *02* Years, _____ Months, _____ Days.

Color, *white*

Married, Single, Widow or Widower, Cross out the words not required in this line. *Single*

Occupation, *Labourer*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Ireland*

Duration of Residence in the City of Baltimore, *unknown*

Place of Death, Give street and number. *Cathedral St. Extended*

Cause of Death, First (Primary.) *Consumption*
Second (Immediate.)

Duration of Last Sickness, *unknown*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*

Date of Burial, *July 4, 1877.*

Undertaker, *Geo Saffner*

Place of Business, _____

Address *Comm. of Health*

James L. Smith M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 18842

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

5 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 4th

{ Undertaker, Geo Schilling

{ Place of Business, Ashland street

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city; it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1881/3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ruben Harrison Seabo

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, Years, 11 Months, Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Child,

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 36 Pearl St.

Cause of Death, { First (Primary,) Second (Immediate,) } Hydrocephalus,
Menigitis

Duration of Last Sickness, Four Days,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cmt

Date of Burial, July 5th 77

{ Undertaker, Jos. Lorne & sons

{ Place of Business, 568 W. Balto St Address 183 W. Fayette St,
Baltimore City.

Extract ~~from~~ Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And ~~be~~ it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *18844*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *3 July*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Frederick Batzler*

Sex, Male or Female, { Cross out the word not required in this line. } *male*

Age, *5* Years, Months, *13* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *10*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany . 4 years in U. States*

Duration of Residence in the City of Baltimore, ..

Place of Death, { Give street and number. } *German Street 110*

Cause of Death, { First (Primary), Second (Immediate), } *Diphtheria*
Paralysis of the heart

Duration of Last Sickness, *one day*

All the above information should be furnished by the Physician

Place of Burial, *Baltimore Cemetery*

Date of Burial, *5 July* *Dr. F. Prunhard* M. D.
Medical Attendant.

{ Undertaker, *Joseph Loane & Son*
Place of Business, *568 W. Baltimore Street* Address *224 W. Fayette Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18845

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd Mary Burns
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }
Sex, Male or Female, { Cross out the word not required in this line. } Female
Age, 48 Years, Months, Days.
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, wash-woman
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt Md.
Duration of Residence in the City of Baltimore, Always
Place of Death, { Give street and number. } 69 S Bethel St
Cause of Death, { First (Primary.) Second (Immediate.) } Paralysis
Duration of Last Sickness, 8 days
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, July 4 John H. Conner M. D.
Medical Attendant.
{ Undertaker, Theodore S. Lock Address 286 E. Pratt St
{ Place of Business, 57 Jefferson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18846

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 3rd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Augusta Haskie*

Sex, Male ~~Female~~ { Cross out the word not required in this line. } *Male*

Age, *one* Years, *6* Months, *—* Days.

Color, *White*

~~Married, Single, Widowed, Never~~ { Cross out the word not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number } *No 124 Durham St*

Cause of Death, { First (Primary.) Second (Immediate.) } *Cholera Infantum.*

Duration of Last Sickness, *Seven days*

All the above information should be furnished by the Physician

Place of Burial, *Lt. Stephens. Cne.*

Date of Burial, *April. 5th.* *Thomas J. Evans M. D.*
Medical Attendant.

Undertaker, *H. M. Gibmeyer*

Place of Business, *No 341 Canton St* Address *No 18 Jackson Place*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 188117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Cox

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 11 Months, 7 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 154 N. Charles St.

Cause of Death, { First (Primary.) Second (Immediate.) } Convulsion

Duration of Last Sickness, 1

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, July 5th 1877

Undertaker, Jacob Weaver

Place of Business, No. 476 David Hall

Address 121 N. Monument St.

J. W. White M.D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18848*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *31st July 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Katharina Grimmer*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *7* Years, *6* Months, *1* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *6 Harford*

Cause of Death, { First (Primary.) } { Second (Immediate.) } *Eclampsia infarctum*

Duration of Last Sickness, *2 days.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Catherine*

Date of Burial, *5th July 1877.*

{ Undertaker, *C. Hosking*

{ Place of Business, *36 Bay View St.*

Address *57. Nisquith St.*

W. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18849

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary L. Brewster

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 15 Years, 9 Months, Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } Baltimore 105 Park Ch

Cause of Death, { First (Primary,) Myocardial Infarction
Second (Immediate,) Nervous Shock }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Annapolis Co. Md.

Date of Burial, July 6th 1877

{ Undertaker, H. H. Jenkins son }

{ Place of Business, 16 Light St. }

Address

Chas. C. Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 18880

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1897

Full Name of Deceased, ^{Parents} { Write legibly and spell correctly. If an infant not named, give names of parents. } George Ans Ewell Tisco

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 44 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 14

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4th 1897

{ Undertaker, Wm. T. Bishop

{ Place of Business, 103 South Hill Ave.

A. C. P. M. D.
Medical Attendant.

Address 202 N. 5th St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18851

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3^d July 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Shaw

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 27 Years, 5 Months, 3 Days.

Color, Red

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 27 Morris Alley

Cause of Death, { First (Primary.) Second (Immediate.) } Chol. Infarction

Duration of Last Sickness, 27 hours
All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4th 1877

{ Undertaker, Wm. H. Smith & Co.
{ Place of Business, 103 South Hill Ave.

G. L. Fairbank M. D.
Medical Assistant.

129 Mt. Beale St.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18852

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 3rd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Louanna Cummings

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

13

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

105 S. High St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Whooping Cough

Duration of Last Sickness,

2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial,

St Patrick's Cemetery

Date of Burial,

July 4th 1877

Abram B. Strader, M.D.

Medical Attendant.

{ Undertaker,

James P. Byrne

{ Place of Business,

13 N. Front St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not
required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, {Cross out the words not
required in this line.

Occupation,

Birthplace, { State or country (and how
long in the United States,
if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and
number. }

Cause of Death, { First (Primary,)
Second (Immediate,)

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

(Undertaker,

(*Place of Business.*

Bath, Conn.

July 6th

Wm. J. Jackson

65. *S. gutta*

C. L. Bridgman M. D.
Medical Assistant.

Address 106 Cambridge Road

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18854

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Emmille Hubbard

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Male

Age, 9 Years, 3 Months, Days.

Color,

White

~~Married, Single, Widowed, Divorced~~, { Cross out the words not required in this line. }

~~Married~~

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

Six years -

Place of Death, { Give street and number. }

No 259 Bond St

Cause of Death, { First (Primary,) Second (Immediate,) }

Scarlet Fever
Albuminuria
Seven Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Jackson's Cemetery

Date of Burial, July 4th 1877

Undertaker, Louis Pryor

Place of Business, No 28 E. Pratt St

Thomas J Evans M.D.
Medical Attendant.

Address No 18 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 3rd 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary & John Butler

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

Years,

Color,

Colored

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Months, 24 Hours Days.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Balto Md

Place of Death, { Give street and number.

267 Montgomery St Sharp & Hancock

Cause of Death, { First (Primary), Second (Immediate),

Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western P. Cemetery

Date of Burial, July 11 1877

Undertaker, M. H. C. Perry

Place of Business, W. Pratt

Address James A. Stenhouse M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Informant from Mary Collins 259, Montgomery St

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Color,

Months,

Days.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 18857

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years,

Color,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Landen Park.

Date of Burial, July 5th

Undertaker, B. Harle

Place of Business, 411 Light St. Address

H. B. Noble M. D.

Medical Attendant.

17 Hanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18858

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3, 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Amelia Smith

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, Years, 16 Months, Days.

Color, White - Sex, Female

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, -

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Balto. Md.

Duration of Residence in the City of Baltimore, whole life

Place of Death, Give street and number. 30, Sarah Anne St -

Cause of Death, First (Primary),
Second (Immediate),

Cholera Infantis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 5

B. Whiteley Jr., M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore

Address 309 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 4 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Edwards

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

11 Months,

10

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

220 S Howard

Cause of Death, { First (Primary.)
Second (Immediate.) }

Typhoid Mucosenterica
8 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp S. Burial

Date of Burial,

4 July

{ Undertaker,

J. Davis

{ Place of Business,

103 Lee St

Address

S. L. L. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *18860*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 4th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John L. Griffith*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, _____ Years, *11* Months, _____ Days.

Color, *Black* Sex, _____

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *No. 19 Gordon al.*

Duration of Residence in the City of Baltimore, *11 months*

Place of Death, { Give street and number. } *No 19 Gordon al*

Cause of Death, { First (Primary,) Second (Immediate,) } *Nooping Cough*
Cholera Infantum

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp Street*

Date of Burial, *July 5th 1877*

{ Undertaker, Address } *Chas. F. Scriven* *No. 60 N. Calhoun St.*

{ Place of Business, } *241 N. Euterpe*

W. B. Griffith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Genevieve Snyder

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 1 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number. } 319 Maryland Ave

Cause of Death, { First (Primary,) Cholera Infantum involving Brain
Second (Immediate,) 8 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 5th

Undertaker, J. D. Lancaster

Place of Business, 387 Maryland Ave

G. W. Haysen

M. D.
Medical Attendant.

Address 18 August St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 4th - 99

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mahie Norfolk

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

3

Months,

Days.

Color,

white -

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Mad -

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

435 Eagu St

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum
one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

July 5th

Thos B. Boyle

M. D.

Medical Attendant.

{ Undertaker, C. F. Herold

{ Place of Business, Cor Sharp and

Address

166 E. Eagu St

Noel come alr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 18863

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 4th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Maggie Edith Stewart

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

5 Months,

1 Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore city

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

13 N. Euter St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Erysipelas Emetic

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician

Place of Burial,

Laurel Park

Date of Burial,

July 5th

Undertaker,

Wm. J. Pickner

Place of Business,

65 S. Euter St.

J. H. Hume

M. D.

Medical Attendant.

Address

76 S. Euter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4 1894

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Alexander

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years, Months, 9 Days.

Color, White

~~Married~~, Single, ~~Widow~~, ~~or~~ ~~Unmarried~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 192 Hanover St

Cause of Death, { First (Primary), Second (Immediate), } Dum-die

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Christ Church

Date of Burial, July 5 1894

E. H. Mendenhall M. D. Medical Attendant.

{ Undertaker, John J. Macdonald

{ Place of Business, No 150 Camden St, Address 17.9 N. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore

Permit No. 18865

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 18 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Walter L. Appliguth

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

5

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

59 Annella St

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

244 Chapel St

Cause of Death, { First (Primary,) Second (Immediate,) }

Inflammation of Brain

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 19 - 77

{ Undertaker,

C. F. Kraus

{ Place of Business,

207 Lancaster

Address

Geo. H. Benson M.D. Medical Attendant.

144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John McKury

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Two

Years,

Six

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Shelton Street

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

483 N. Holloman St.
Col. a. McKury

Cause of Death, { First (Primary,) Second (Immediate.) }

Duration of Last Sickness,

one Week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial,

July 5th 1877

M. D.

Medical Attendant.

Undertaker,

Jacob Weaver

Place of Business, Nos 4 & 6 Druid Hill Ave

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 18867

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Roy Lauer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 3 Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 275 Mulberry St.

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera infantum -

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Catharine

Date of Burial, 5th of July

{ Undertaker, B. R. Rimmer

{ Place of Business, 311 Mulberry St.

J. Keller,

M. D.

Medical Attendant.

Address 87 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18868

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 3, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mr Alex Lestrade

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

46 Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Writer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

France

Duration of Residence in the City of Baltimore,

24 yrs

Place of Death, { Give street and number. }

35 Durham St

Cause of Death, { First (Primary.)
Second (Immediate.) }

Acute Influenza
Exhaustion

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician

Place of Burial,

Lanvale Cemetery

Date of Burial,

July 4 1877

Undertaker,

W J Lungee

Place of Business,

East St

Address

256 N. E. St

J. A. Warner

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28819

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6 a.m. 17th July, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Martha Ann Hay

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, One Year, Three Months, Twenty-eight Days.

Color, White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

17 Chesapeake St Canton - Baltimore City

Duration of Residence in the City of Baltimore,

1 year 3 months & 28 days

Place of Death, { Give street and number. }

17 Chesapeake St - Canton - Baltimore City

Cause of Death, { First (Primary), }

Whooping Cough & Pneumonia.

{ Second (Immediate), }

Convulsions

Duration of Last Sickness,

About 3 weeks as far as I can learn.

All the above information should be furnished by the Physician.

Place of Burial,

St. Bernard Cemetery

Date of Burial

July 3rd 1877

M. D.

Medical Attendant.

{ Undertaker,

Wm. J. Hughes

{ Place of Business,

611 E. Baltimore

Address

83 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 18870

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Vickers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 8 Years, Months, Days.

Color, Mulatto

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Ball Infirmary.

Cause of Death, { First (Primary,) Child birth
Second (Immediate,) Septicæmia }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery T. A. Ashby

Date of Burial, July 4th M. D.

{ Undertaker, H. H. Leary } Medical Attendant.

{ Place of Business, 4418 W. Howard St. } Address, Univ. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18871

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4. 7. 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Seldner

~~Sex, Male or Female,~~ { Cross out the word not required in this line. }

Age, _____ Years, 3 Months, _____ Days

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 28 S. Calver St.

Cause of Death, { First (Primary,) Cholera infantum
Second (Immediate,) }

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, 5th of July

{ Undertaker, Benjamin Tappan }

{ Place of Business, 156 S. Bond St. }

Address _____

Flatt M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 18872

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 4th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles John Thurman

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

3

Months,

4

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 102 E. Biddle St

Cause of Death, { First (Primary.) Second (Immediate.) }

Cholera infantum
convulsions

Duration of Last Sickness,

about 7 days

All the above information should be furnished by the Physician

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 5th 1874

Undertaker,

Peter Frey

Place of Business,

91 E. Green St

C. L. Klumber

M. D.

Medical Attendant.

Address

222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 18873

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4 1877

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Campbell Eaton

Sex, Male ~~or Female~~, Cross out the word not required in this line.

Age, 91 Years, Months, Days.

Color, Col

Married, ~~Single, Widow or Widower~~, Cross out the words not required in this line.

Occupation, Painter

Birthplace, State or country (and how long in the United States, if of foreign birth.) N. Carolina

Duration of Residence in the City of Baltimore, 10 years

Place of Death, Give street and number. 38 Etston Court near Schroeder

Cause of Death, First (Primary) Second (Immediate) old age
senile decay

Duration of Last Sickness, 2 years nearly helpless

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6 1877 James A. Stearns M. D.

Undertaker, S. M. Chase

Place of Business, S. Howard St. Address Commission of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Elijah R. Lee - Surgeon

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death,

{ First (Primary),
Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 18875

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 4th 3 10 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Philip A. Adams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 3 Months, 11 Days.

Color, red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. }

234 N. Durham

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
Three weeks

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Lalles St Cemetery

Date of Burial, July 5th

{ Undertaker, Thos J Hicks
Place of Business, 56 Jefferson St

A. Reg. She, Jr. M. D.
Medical Attendant.

Address 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18876

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 3, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catherine Smith*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *23* Years, *7* Months, *23* Days.

Color, *Black*, Sex, *Female*

~~Married~~, Single, ~~Widow~~, ~~Orphan~~, { Cross out the words not required in this line. }

Occupation, *City*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *#87 Moores Alley*

Cause of Death, { First (Primary), } *Cholera Infantum*
{ Second (Immediate), }

Duration of Last Sickness, *2 weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *July the 5- 1877*

{ Undertaker, *James Gray* } *J. Shorwell Townsend. M. D.*
{ Place of Business, *6 S. Mulberry* } Address *#216 W. Howard Street.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18877

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 4th

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

George Albert Moore

Sex, Male or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

1

Years,

5

Months,

Days.

Color,

Cal

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City Md

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

No 6 Chestnut St
Whooping Cough
Convulsions

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Duration of Last Sickness,

Some Time

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July the 4 1877

Undertaker,

J. M. Gray

Place of Business,

65 Mulberry

W. A. Austin

M. D.

Medical Attendant.

Address

192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18878

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 1st 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Harriet, Ann, Lee

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age, Five (5)

Years,

Eight (8)

Months,

Twenty Seven (27)

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

~~NY~~ ~~NY~~ ~~NY~~ City of Balto

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

No 16. Myrick St

Cause of Death,

First (Primary),

Second (Immediate),

Diphtheria

Duration of Last Sickness,

Nine (9) Days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

July 1st 1877

James Blake

M. D.

Medical Attendant.

Undertaker,

J. B. Locock

Place of Business,

Balt St

Address 140, Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18879

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 4th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Howard C. Woolless

Sex, Male ~~or Female~~,

Cross out the word not required in this line.

Age,

Years,

7

Months,

22

Days.

Color,

white

Sex,

male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

516 Regent St. (near 272 E. Biddle St.)

Cause of Death,

First (Primary),

Second (Immediate),

Dysentery

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Greenwich Cemetery

Date of Burial,

July 5/77

Undertaker,

Hughes & Co

Place of Business,

65 S. Broadway

M. B. Billingslee

M. D.

Medical Attendant.

Address Cor. Harford Ave & Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 58 Years,

Color,

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 7 1877

{ Undertaker, J. B. Leach

{ Place of Business, 707 N. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18881

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lilly Mary Bell

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

3

Years,

5

Months,

Days.

Color,

White

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

Columbia Ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheritic Croup

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 6th 1877

{ Undertaker, J. B. Beck

{ Place of Business, 10707 W. Baltimore Street

Address

558 W. D. Light St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 18882

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Campbell Fraser

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Male

Age,

Years, Seven (7)

Color,

White

Months, Twenty Three (23) Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

Patterson Park, Baltimore, Md.

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum
Congestion of the Brain
Seven days

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Gate Cemetery

Date of Burial,

July 5, 1877

Undertaker,

M. A. Baker

Place of Business,

74 S. Bay

Wm. H. Glendinen

M. D.

Medical Attendant.

Address No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18883,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucy B. Sullivan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 9 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 83 N. Wolf St.

Cause of Death, { First (Primary,) Pertussis
Second (Immediate,) }

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician

Place of Burial, Anne Shundel Co.

Date of Burial, July 5th 1877

{ Undertaker, W. A. Gaige

{ Place of Business, 14 S. B'n

James E. Driscoll M. D.
Medical Attendant.

Address 299 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 18884

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 4th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Emma, Kate, Mason

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

10, Months,

Days.

Color,

Black

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

10 Months

Place of Death,

Give street and number.

No 254 Abbeidenough St

Cause of Death,

First (Primary.)
Second (Immediate.)

Cholera Infantum
Convulsions

Duration of Last Sickness,

2 Weeks

All the above information should be furnished by the Physician

Place of Burial,

Land Cemetery

Date of Burial,

July 5

Undertaker,

William A. Dwyer

Place of Business,

22 West St

Address

Baradway 7

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18885

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 11 Months, 15 Days,

Color, Colored Sex, Female

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } No 10 South Broadway

Cause of Death, { First (Primary,) Cholera Inf. }
{ Second (Immediate,) }

Duration of Last Sickness, 11 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5

{ Undertaker, William S. Lague }

{ Place of Business, 62 East St }

Geo. S. Kinnaman M. D.
Medical Attendant

Address 73 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 18886

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Robt. Lee Thomas

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 13 Years,

10 Months,

5 Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

13 yrs. 10 mos 5 da -

Place of Death, { Give street and number. }

227 Hoffman St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Valvular dis. of Heart
Cardiac Syncope
About 8 or 9 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Greenmount, Cy

Date of Burial,

July 6th 1877

Elias C. Price & Son M. D.
Medical Attendant.

{ Undertaker,

Stewart & Hawes

{ Place of Business,

35 Balto St

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18887

Who attended any person in last illness is responsible for the presentation of this certificate, accurately filled out within twenty-four hours after the death of

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A

CERTIFICATE OF DEATH.

Date of Death,

July 4 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Jennie Hursey (Mother)

Sex, Male or Female,

(Cross out the word not required in this line.)

Age,

Years,

Months,

Days.

Color,

Col

Married, Single, Widow or Widower,

(Cross out the word not required in this line.)

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

50 Parrish alley

Cause of Death,

First (Primary),

Second (Immediate),

Tuberculosis

Duration of Last Sickness,

since Birth

All the above information should be furnished by the Physician.

Place of Burial,

Local Cemetery

Date of Burial,

July 5 1887

Undertaker,

S. H. Chase

Place of Business,

Eastward St

Address

Commissioner of Health
+ Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of legitimate children.

Information by Dr John H King

OVER.

Board of Health, City of Baltimore,

Permit No. 18888

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

George Tyler

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Three Months,

Days.

Color,

Colored

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

58 Orchard St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5 - 1877

Undertaker, B. D. Chase

Place of Business, No 192 Howard St

Address

95 Green St.

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18889

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clara Gray

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, Twenty Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Harrison St- 55.

Cause of Death, { First (Primary,) Second (Immediate,) } Whooping Cough -

Duration of Last Sickness, Twelve days.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, July 5th 1877

{ Undertaker, Geo H. Weaver } Address Balto Genl. Dispensary

{ Place of Business, Fayette St }

Medical Attendant, Geo. H. Weaver M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore

Permit No. 18890

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 5th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Emma Florence Schilling

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

10

Months,

21

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

N. W. cor. Disquith & Monumental
Perkins

Cause of Death, { First (Primary.)
Second (Immediate.) }

Cholera infantum supervening
about 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6th

Chas. S. Kleiber

M. D.

Medical Attendant.

{ Undertaker, Geo. Schilling

{ Place of Business, Fishland & Quay

Address

222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18891.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

Color,

White

14 Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

64 Penna. Avenue -

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum
10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Louisa Park Cemetery

Date of Burial,

July 5th 1877

Louis W. Knight

M. D.

Medical Attendant.

Undertaker,

Hosmer & Son

Place of Business,

60 Penna. Ave.

Address

112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 4th

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Richard Wallace

Sex, Male ~~or Female~~,

{ Cross out the word not required in this line. }

Age,

About 80

Years,

Months,

Days.

Color,

Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Lumber Piler

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

during life

Place of Death,

{ Give street and number. }

No 16 Wilmer Alley

Cause of Death,

{ First (Primary.) }

Cataract

{ Second (Immediate.) }

Lymphoid Pneumonia

Duration of Last Sickness,

about two months

All the above information should be furnished by the Physician.

Place of Burial,

Low Cathedral Cemetery

Date of Burial,

July 5th 1877.

{ Undertaker,

H. H. Bishop Jr.

{ Place of Business,

123 South Hill Ave.

Address

Geo. R. Scott

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18893.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th July 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Herman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 6 Months, 14 Days.

Color, white Sex, —

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 284 North Gay Street.

Cause of Death, { First (Primary,) } Encephalitis.
{ Second (Immediate,) } Hydrocephalus acutus

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 5th 1877.

{ Undertaker, H. Hoffmann

{ Place of Business, 63 N. E. Street

Address N 207 North, Central Avenue

J. A. R. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 188914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 4th 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Martha Gross

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

36 - Years,

Months,

Days.

Color,

White -

Sex,

Female.

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Cook -

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Ind. -

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

212 Rabbog St. Balto.

Cause of Death,

{ First (Primary,)

Second (Immediate,)

Ends Intestines.

Duration of Last Sickness,

4 Weeks -

All the above information should be furnished by the Physician.

Place of Burial,

W. Public Cemetery

Date of Burial,

July 4th

J. G. Witterton

M. D.

Medical Attendant.

{ Undertaker,

W. C. Co. & Sons

{ Place of Business,

448 W. Pratt St

Address

W. C. Co. & Sons & P. & Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 18895

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 3rd, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Lacey

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

84

Years,

Color,

White

Months,

Days.

Married, Single, Widowed, or Widower, { Cross out the words not required in this line. }

Occupation,

Servant man

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Co. Wexford Ireland

Duration of Residence in the City of Baltimore,

Twenty six years

Place of Death, { Give street and number. }

Belle Air Road

Cause of Death, { First (Primary), Second (Immediate), }

Old Age
Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 5 1877

John F. McMonie M. D.
Medical Attendant.

Undertaker, James D. Byrne

Place of Business, No 63 N Broad St

Address S. W. Clark & Hand

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

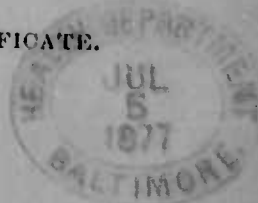
Permit No. 18896

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 5. 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie
 Sex, Male, { Cross out the word not required in this line. } Female
 Age, Years, 6 Months, weeks, Days.
 Color, white
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Bayview Asylum
 Duration of Residence in the City of Baltimore, 4 weeks
 Place of Death, { Give street and number. } St Vincent's Infant Asylum
 Cause of Death, { First (Primary.) Marasmus
 Second (Immediate.) Hydrocephaloid
 Duration of Last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery
 Date of Burial, July 6. 1877
 { Undertaker, Saml Bowen
 Place of Business, 156 Division Street }
 { Marking Brewer M. D. Medical Attendant.
 Address 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18897

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filed out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lisette Heller

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years,

Color, white 11 Months,

Days.

Married, ~~Single~~ ~~Widow~~ ~~Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany. 20 years in the U. S. State.

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, { Give street and number. } 163 Stirling St.

Cause of Death, { First (Primary,) Childbirth. }
{ Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 6th 1877 Francis A. Gauer

M. D.

Medical Attendant.

{ Undertaker, H. H. H. }

{ Place of Business, Central Avenue }

Address 105 N. Central Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18898

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th July 1877,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard R Perkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 43 Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt - City

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and number. } 172 N. Carrollton Avenue,

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) 4 days -

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 6th 1877

Undertaker, Austin & Co

Place of Business, 346 Fayette St

Address 530 W. Fayette St

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18899*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 4th 1877*
Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) *Chas. Ed. Madden*
Sex, Male or Female, (Cross out the word not required in this line.) *Male*
Age, *7* Years, _____ Months, _____ Days.
Color, *White* Sex, *Male*
Married, Single, Widower or Widowed, (Cross out the words not required in this line.)
Occupation, _____
Birthplace, (State or country (and how long in the United States, if of foreign birth.) *Philadelphia*
Duration of Residence in the City of Baltimore, *3 days*
Place of Death, (Give street and number.) *No 201 N. Calverton Ave*
Cause of Death, (First (Primary), Second (Immediate), *Inflammation of Brain*
Duration of Last Sickness, *2 days*
All the above information should be furnished by the Physician.
Place of Burial, *Old Catholic Cem*
Date of Burial, *July 8th 1877*
(Undertaker, *Hughes & Co*
(Place of Business, *536 Fayette St*
Address *Dr. Wm. H. Noble* M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Mason

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 7 Months, 20 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } 10 Green St Balt

Cause of Death, { First (Primary) Cholera Infantum
Second (Immediate), }

Duration of Last Sickness, one week. Not attended by any Physician

All the above information should be furnished by the Physician

Place of Burial, Calles St cem

Date of Burial, July 5th Geo H. Mayson M. D.

{ Undertaker, Theo I locks

{ Place of Business, 56 Lippincott Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 18901

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Steever

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 18 Months, Days.

Color, white,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. Md.

Duration of Residence in the City of Baltimore, since birth,

Place of Death, { Give street and number. }

7 N. Caroline St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
No evening gills,
Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6th 1877 L. Glawille, Rack M.D. Medical Attendant.

Undertaker, J. L. Lander

Place of Business, 202 Canton ave Address Balt. & N. Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18903

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July, 3-79 8:46 am

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thos Grant

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

35

Years,

Months,

Days.

Color, *rd*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Painter

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Granada

Duration of Residence in the City of Baltimore,

11 months

Place of Death, { Give street and number. }

72 N Spring St

Cause of Death, { First (Primary,) Second (Immediate,) }

Typhoid Fever
9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 7

{ Undertaker, *William A. Dwyer*

{ Place of Business, *62 East St*

A. J. Shepherd M. D.
Medical Attendant.

Address *11 S. High*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18913

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,)
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Stewart

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, Days.

Color, colored Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number. } 201 Wine Street

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Anemia cordis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6th 1877

{ Undertaker, Wm. H. Bishop Jr

{ Place of Business, 103 Smith Hill Ave

Address 162 W. Lombard

Wm. H. Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 189115

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *18906*

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 5th, 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Fanny D. Cochran

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

3

Years,

11

Months,

16

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 511

Franklin St. 2nd H.B.

Cause of Death, { First (Primary), ... Second (Immediate), }

*Paralysis
over day*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Louder Park cemetery*

Date of Burial, *July 6th 1877*

{ Undertaker, *J. B. Cook*

{ Place of Business, *No 707 W. Baltimore street*

Address

584 W. Fayette St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 18907

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret C. Cunningham

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } 13 Alameda

Duration of Residence in the City of Baltimore, 8 mos.

Place of Death, { Give street and number. } 8 Calender Alley

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Peter cemetery

Date of Burial, July 6th 1877

{ Undertaker, J B Cook

{ Place of Business, No 707 W Baltimore Street

Address, 379 W. Lombard St

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18908

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Robert Klunk

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, Years, 4 Months, 10 Days.

Color, W Sex, M

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 210 Saratoga St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. St. Peters

Date of Burial, July 6th 1877

Undertaker, Joseph F. [unclear]

Place of Business, 59 n Liberty

Address 189 W Howard St

Richard L. Sherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18909

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mat Christina Seifert

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, _____ Years, 4 Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 41 Maryland St Extended

Cause of Death, { First (Primary.) } Whooping Cough
{ Second (Immediate.) } Spasms

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician

Place of Burial, E. Park Cemetery

Date of Burial, July 4th 1877

{ Undertaker, C. Streepner } Address 86.9 Fayette St

{ Place of Business, Pratt St }

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 5, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Edith Cole*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *Five* Years, *14* Months, Days.

Color, *Black* Sex, *Female*

Married, *Single, Widow or Widower*, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *Brewer St. No. 22*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis & Hooping Cough*
Convulsions

Duration of Last Sickness, *Four weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery & E. Mullins* M. D.

Date of Burial, *July 6, 1877* Medical Attendant.

{ Undertaker, *L. S. Chalices* Address *298 Penn. Ave.*

{ Place of Business, *Penn. Ave.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 18911

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Solomon Morris Jones

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — Years,

Months,

10

Days.

Color,

Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

1 mo. 10 days.

Place of Death, { Give street and number. }

120 Jackson St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Cholera Infantum
Marasmus

Duration of Last Sickness,

11 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7th 1877

Eldridge C. Poirer

M. D.

Medical Attendant.

{ Undertaker, Jacob Weaver

{ Place of Business, No 486 Druid Hill Avenue

Address 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18912*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 6th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Louis Baugher.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

Years,

8 Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City
Since birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

96 George St.
Cholera Infantum.

Cause of Death, { First (Primary.)
Second (Immediate.) }

"
One week.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Loudin Park Cemetery*

Date of Burial, *July 7th 1877*

John S. Pennington

M. D.

Medical Attendant.

{ Undertaker, *Frederick Weaver*

{ Place of Business, *No 416 Grand Hill Avenue*

Address *98 N. Greene St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18913

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Date of Burial,

Undertaker, Place of Business,

Address

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Howard Mason

Sex, Male or Female, { Cross out the word not required in this line. }

M.

Age,

Years,

2

Months,

Days.

Color,

M.

Sex,

M.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balt. Co.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

154 E. Monument St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6th 1877

V. T. Remond M. D.
Medical Attendant.

{ Undertaker, Wm. H. Hickman

{ Place of Business, 234 N. Gay St.

Address

186 Disque St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18915

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 3rd / 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lillie May Wagner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

1 Years,

1 Months,

26 Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

19. Whatcoat St. Baltimore

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

19. Whatcoat St. Baltimore

Duration of Residence in the City of Baltimore,

all her life

Place of Death, { Give street and number. }

68. Woodward Street

Cause of Death, {

First (Primary),

Cholera infantum

Second (Immediate),

"

"

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Ave

Date of Burial,

July 6

Hammer & Fox

M. D.

Medical Attendant, S

{ Undertaker,

C. H. Huggins

{ Place of Business,

211 B'n Ave

Address S. E. Cor. Green & Mulberry St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18916

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence Otis Halme

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 6 Months, Days.

Color, White Sex, male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 70 W. St. Michael St

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 6th 1877

Undertaker, John S. Hatcher

Place of Business, No 150 Camden St

Signature of Medical Attendant, M. D.

Address, 2237 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dennis Alexander Lockingland

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, 5 Years, Months, 21 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 99 Parkin St

Cause of Death, { First (Primary,) Scurvy Fever
Second (Immediate,) Diphtheria

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 6th 1877

{ Undertaker, John S. Meacher

{ Place of Business, 16 150 Camden St

Address 369 N. Lombard St

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

is respectfully invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. *18918*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 5th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

James O'Brien

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

11

Months,

Days.

Color, *R*

~~Married, Single, Widow or Widower,~~

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No. 1 Welch Alley

Cause of Death,

First (Primary),

Exhaustion

Second (Immediate),

Duration of Last Sickness,

2 mos.

All the above information should be furnished by the Physician.

Place of Burial,

N. Pub Cemetery

Date of Burial,

July 6th 1877

Undertaker,

M. H. C. Perry

Place of Business,

Pratt St

Wm. L. Lockwood
M. D.

Medical Attendant.

Balto. Gen'l Dis.
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 18919

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

George Alfred Town

Sex, *Male* or ~~*Female*~~,

~~Cross out the word not~~
required in this line.

Age,

Years,

Months,

Color,

Colonel

~~Married, Single, Widow or Widower,~~ { Cross out the words not
required in this line. }

~~Occupation,~~

Birthplace, { State or country (and how
long in the United States.
If of foreign birth.) }

St. X. Alles

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and } ...
number.

5x alles

Cause of Death,

First (Primary,) ..
Second (Immediate,)

Remuneration

Duration of Last Sickness,

G. Meek

All the above information should be furnished by the Physician.

Place of Burial,

Samuel Bennett

Date of Burial,

June 16/77

Geo. H. Benson

M. D.

Medical Attendant.

§ Undertaker,

1. *Opth. hase*

(*Place of Business*

1888 Now on the

Address

Wm. Hanner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 189211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6 77.

Undertaker, B. J. Chase

Place of Business, 184 Sheward St

July 5 11
Emma Butler

12 Years,
7 Months,
Days.

Baltimore City
Lifton
No. 61 St James St
Diphtheria
Unrenewed
5. day

E. H. Rutledge

M. D.

Medical Attendant.

Address 157 Astor Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria B. Rock

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, 42 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 11 South Oregon St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 11 S. Oregon St.

Cause of Death, { First (Primary,) Bad Nursing
Second (Immediate,) Cholera Infantum }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 7 1877

{ Undertaker, J B Cook

{ Place of Business, No 704 W Baltimore Street

Address, No 11 S. Oregon St.

H. N. Shultz M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18923

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Rush

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, 14 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number. } 202 East Bay Street

Cause of Death, { First (Primary,) Cholera infantum
Second (Immediate,) Exhaustion

Duration of Last Sickness, 18 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Church

Date of Burial, July 6th 1877

Undertaker, Henry Weeks Address 29. S. Sharp Street

Place of Business, 304 N. Centre Ave.

Dr. Delmar M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Hursting

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 80 Somerset St

Cause of Death, { First (Primary,) Second (Immediate,) } Chol Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 1 1877

{ Undertaker, Henry Hock

{ Place of Business, Central Ave

Address Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Henry Hock Undertaker

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 6 -*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Morris Brown West*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *9 (nine)* Years, *1* Months, Days.

Color, Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *173 Saratoga*

Cause of Death, { First (Primary,) Second (Immediate,) } *Marasmus*
Cholera Infantum

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount* *H. R. Morgan* M. D.
Date of Burial, *July 7 1877* Medical Attendant.

{ Undertaker, *P. Hummel* Address *175 Saratoga*
Place of Business, *Nedkey St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 5th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Addie Jones

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

One Years,

2, Months,

Days.

Color,

Black

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

One year & 2 months

Place of Death,

{ Give street and number. }

No 8 Hunter St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Rubeola

Tubercular Consumption

Duration of Last Sickness,

4 months

All the above information should be furnished by the Physician.

Place of Burial,

Lanel Cemetery

Date of Burial,

July 6

{ Undertaker,

William C. Lynne

{ Place of Business,

62 East St

Address

Broadway &

Madison St

Wm L Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob Butler
Sex, Male or Female, { Cross out the word not required in this line. }
Age, Years, 1 Month, Days.
Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 6

Undertaker, William A. Dwyer

Place of Business, 62 East St

Wm J. Loxwood
M. D.

Medical Attendant.

Address

Balt. Genl Loxwood

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 18928

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 6th 1873

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Joseph S Albert

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

72

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Carpenter

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

40 years

Place of Death,

{ Give street and number. }

309 Saratoga street

Cause of Death,

{ First (Primary),
Second (Immediate.) }

Suicide

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

July 8th 10 A.M.

Undertaker,

Chas. A. Borer

Place of Business,

18520 W. Balto st

Address 229 Cary st,

Georg Ogle coroner

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ada A. Wilde.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 5 Months, 25 Days.

Color, Fair Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, { Give street and number. } 230. Pierce St.

Cause of Death, { First (Primary,) Feeding Marasmus.
Second (Immediate,) Jaundice.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, London Park E. Edwin Gordon M. D.

Date of Burial, July 7th 1877 Medical Attendant.

{ Undertaker, Jacob Weaver Address
{ Place of Business, 416 Broad Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18930

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Rosa Reynolds

Sex, ~~Male~~ or Female, { Cross out the word not
required in this line. }

Age, 18 Years, Two Months, Seventeen Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not
required in this line. }

Occupation,

Birthplace, { State or country (and how
long in the United States,
if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and
number. } No 277 N. Fayette St

Cause of Death, { First (Primary,) ... *Septicæmia*
Second (Immediate,) *Cholera Infantum*

Duration of Last Sickness, *Thirteen days*
All the above information should be furnished by the Physician.

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's Cemetery*

Date of Burial, July 6th 1877

Undertaker, James O Byrne

(Place of Business,

M. Gator

M. D.

Medical Attendant.

Address 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18931

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James M. O'Neil
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, 4 Years, 10 Months, 20 Days.
 Color, White
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt.
 Duration of Residence in the City of Baltimore, during life
 Place of Death, { Give street and number. } cor. Pine & Germania
 Cause of Death, { First (Primary,) Diphtheria
 Second (Immediate,) Gangrene
 Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters-B.

Date of Burial, July 7 - 1877

{ Undertaker, J. B. Blackiston & Sons

{ Place of Business, 606 Pratt St

Louis B. Horn M. D.
 Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6.

Full Name of Deceased, { Write legibly and spell correctly. If an infant, not named, give names of parents. } Helen F. King

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — Years, 5 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 25 Elizabeth Lane

Cause of Death, { First (Primary,) Scrofula
Second (Immediate,) Indigestion, Meningitis }

Duration of Last Sickness, Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 17 - 99

{ Undertaker, J. H. Krause
Place of Business, 209 Hanover St }

Address 246 Hanover St

Medical Attendant, M. D. M. D. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 77

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Frey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 38 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Tavern Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 32 Lefferson Street

Cause of Death, {First (Primary,) Second (Immediate,)} Gangraena pulmonum
Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem. b.

Date of Burial, July 8th 1877.

{ Undertaker, H. Hofmann, Address 244 B. Monument St.
Place of Business, 63 N. E. Street.

J. Plath M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18934

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 5th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Golden

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

42 Years,

Months,

Days.

Color,

Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Housekeeper

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

St Marys street

Cause of Death,

{ First (Primary),
Second (Immediate), }

Phthisis Pulmonalis

Duration of Last Sickness,

About one year

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral, Conn

Date of Burial,

July 7th 1877

H. Darling

M. D.

Medical Attendant.

{ Undertaker,

M. Golden H. Pearce

{ Place of Business,

#22 W. Fayette St

Address

143 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18935

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Patrick and Margaret Clark

Sex, Male or Female, { Cross out the word not required in this line. } male [Parents]

Age, Years, Months, 30 minutes Days,

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number. } 6 Hull St.

Cause of Death, { First (Primary,) 8 months fetus
Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 6 1877

{ Undertaker, W. A. Haiger
Place of Business, 74 S Bay }

Address 27 N. Broadway

J. G. Daniel, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18936

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 6 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Catherine Castore

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

40

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

2 N. High St

Cause of Death, { First (Primary,) Second (Immediate,) }

Sporadic Cholera

Duration of Last Sickness,

Three days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 8/77.

Undertaker, A. K. Rorring

Place of Business, 136 E. Fayette St

Abraham M. D. Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 6th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

George Thomas Hahn.

Sex, Male or Female,

Cross out the word not required in this line.

male

Age,

Years,

1 Months,

2 Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

since born

Place of Death,

Give street and number.

21 Abbott St.

Cause of Death,

First (Primary),

Insanitation

Second (Immediate),

Duration of Last Sickness,

since born

All the above information should be furnished by the Physician.

Place of Burial,

St Patrick's Cemetery

Date of Burial,

July 14th

Undertaker,

Geo. Schelling

Place of Business,

Ashland street

Address

27 N. Broadway

J. C. Gausch, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18938

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lemuel Edwards Bradford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 11 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 57 Johnson St.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, July 8th J. E. Hamington M. D.
Medical Attendant.

{ Undertaker, J. H. Jones
Place of Business, 203 Light St. Address 521 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18939

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July, 6th, 1877.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Stella Wyrrel

Sex, ~~Male~~ or Female, Cross out the word not required in this line. Female

Age, Years, Months, 16 Days.

Color, white Sex, female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Point Lane near Arguth St

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. Point Lane near Arguth St

Cause of Death, First (Primary), Unknown Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, July 7

Date of Burial, Cathedral cemetery M. B. Billingshaw M. D. Medical Attendant.

Undertaker, John D. Lucas

Place of Business, 31 1/2 Bedford Ave Address Box 407 Ford Ave & Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18940.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 6.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Daniel Chapman

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

6

Years,

7

Months,

3

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

278 Hamburg

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Dysentery

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial,

Shad St

Date of Burial,

July 7th

Merelone Cook

M. D.
Medical Attendant.

Undertaker,

Hercules Ross

Place of Business,

180 Maryland St

Address

146 Hammond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6 1896
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Keany
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 69 Years, 10 Months, Days.
Color, W
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, marketman
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland
Duration of Residence in the City of Baltimore, 31 years
Place of Death, { Give street and number. } 380 S. Charles St.
Cause of Death, { First (Primary), Second (Immediate), } General debility
Duration of Last Sickness, Three weeks
All the above information should be furnished by the Physician.
Place of Burial, St. Peters Cemetery
Date of Burial, July 9th
{ Undertaker, John Rodenmeier Address
Place of Business, Green Mt Ave

D. L. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18942*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7th. 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Alberk W Hosmer

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

One

Months,

Twenty

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No. 403 Franklin Street

Cause of Death,

{ First (Primary,)

Second (Immediate.)

Cholera Infantum

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician.

Place of Burial,

Linden Park Cemetery

Date of Burial,

July 8th 1877

Chas Wneff

M. D.

Medical Attendant.

Undertaker,

J B Cook

Address

306 N. Fayette St

Place of Business,

No 707 W Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 5th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Edward Henderson

Sex, Male or Female, { Cross out the word not required in this line. }

M

Age,

7

Years,

4

Months,

Days.

Color,

W.

Sex,

M.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

34 Somerset St

Cause of Death, { First (Primary,) Second (Immediate,) }

Chol. Infantum.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 6 - 77

Undertaker, John J. Rockmays

Place of Business, 117 Greenmount Ave

f Greenmount St

Address

186 Asquith St

A. T. Remond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18944

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, { All the above information should be furnished by the Physician }

Place of Burial, { } { } { }

Date of Burial, { } { } { }

{ Undertaker, { } { } { }

{ Place of Business, { } { } { }

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 6th 1877.*

Full Name of Deceased, *Rebecca Lewis* Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, ~~Male~~ Female, *Female* Cross out the word not required in this line.

Age, *2* Years, *8* Months, *6* Days.

Color, *Black* Sex, *Female*

~~Married~~ Single, ~~Widow~~ ~~Widower~~, *Single* Cross out the words not required in this line.

Occupation, _____

Birthplace, *Baltimore City* State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, *2 yrs. 8 mos. 6 days.*

Place of Death, *10 Jordan Alley.* Give street and number.

Cause of Death, *Diphtheria* First (Primary),
Second (Immediate,)

Duration of Last Sickness, *5 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *July 7th 1877*

Undertaker, *Wm. J. Gray*

Place of Business, *65 Mulberry St* Address *234 Madison Ave.*

W. E. Mosely M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 189146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6th July 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. A. B. B. B.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 28 Years, 28 Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Mechanic

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 118 Fulton St South

Cause of Death, { First (Primary,) Pulmonary Consumption
Second (Immediate,) }

Duration of Last Sickness, 2 Years
All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet J. H. M. D.

Date of Burial, July 7th Medical Attendant.

{ Undertaker, Wm. H. Leonard & Son Address N. E. & Calhoun

{ Place of Business, 782 W. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, / Year, / Month, 20 Days.

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 7 1877

{ Undertaker, J. B. Cook

{ Place of Business, 12704 Baltimore Street

Address 224 Carrollton Ave.

J. B. Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18948

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah, T. Catholil

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 23 Years, Months, Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housewife,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 206 C. Monument St.

Cause of Death, { First (Primary,) Albuminuria (acute),
Second (Immediate,) convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Hope Cem.

Date of Burial, July 8th 1877

Undertaker, W. A. Daiger

Place of Business, 44 S. B'way

Medical Attendant, G. Eganville, R. E. M. D.

Address Balt. & Mast. sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18949*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Marion Blackman

Sex, *Male* ~~Female~~, { Cross out the word not required in this line. }

Age, *38* Years, Months, Days.

~~Color,~~

~~Married~~, ~~Single~~, ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Nova Scotia

Duration of Residence in the City of Baltimore,

Since 1859

Place of Death, { Give street and number. }

42 Courtland St.

Cause of Death, { First (Primary),
Second (Immediate), }

Typho-Remittent

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, *July 7th 1877*

{ Undertaker, *Jno H. Weaver*

{ Place of Business, *Fayette St*

H. N. White,

M. D.

Medical Attendant.

Address *341 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6 1877-
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Ann Myers
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, _____ Years, _____ Months, 4 Days.
Color, white
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City
Duration of Residence in the City of Baltimore, Life
Place of Death, { Give street and number. } 17 Short Street
Cause of Death, { First (Primary,) Pneumonia with Sickness
Second (Immediate,) Asthenia
Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery
Date of Burial, July 8 1877
Undertaker, W. W. Dungee
Place of Business, East St
Address, Commis. of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

Information of John W. Myers Father [OVER.]

Board of Health, City of Baltimore.

Permit No. 18957

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Clémantine Jones

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

26

Years,

Months,

Days.

Color,

blond

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

House Keeping
Maryland

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

14 South St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cancer of Mesentery
Gastro-enteritis

Duration of Last Sickness,

4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8. 1877.

R. H. P. Ellis

M. D.

Medical Attendant.

{ Undertaker, William W. Dunge

{ Place of Business, No. 16. Stockholm St.

Address Wm. W. Dunge & Schenck
167 Edmonstone Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, Months, Days.

Color, white Sex, male

Married, Single, Widowed, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Elizabeth's Cemetery A. Grimes M. D.

Date of Burial, July 8 1877

{ Undertaker, Henry Smith Address 60 Maryland Ave. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to last of diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *18953,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 6th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catharine Anderson*
~~Sex, Male or Female,~~ { Cross out the word not required in this line. } *Female*
Age, _____ Years, *9* Months, *12* Days.
Color, *White*
~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore, City*
Duration of Residence in the City of Baltimore, *Since Birth*
Place of Death, { Give street and number. } *177 D. Wolf St.*
Cause of Death, { First (Primary) Second (Immediate.) } *Cholera Infantum*
Duration of Last Sickness, *7 days*
All the above information should be furnished by the Physician.
Place of Burial, *St. Paul's Cemetery*
Date of Burial, *July 11th 1877*
{ Undertaker, *Henry J. Lander* Address *297 E. Baltimore St.*
{ Place of Business, *25th Canton St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18957

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah Elizabeth Hall

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

4

Months,

21

Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

4 m. 21 days.

Place of Death, { Give street and number. }

2 Hatter Court.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Pertussis
Convulsions

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

quarto lot 11

Date of Burial,

July 7

Eldridge C. Prier M. D.
Medical Attendant.

{ Undertaker,

Thos J Locks

{ Place of Business,

50 Henson St

Address

262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 820

[OVER.]

Board of Health, City of Baltimore,

Permit No. 189857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

6th of July 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Louisa Nora Elizabeth Meyer

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Years,

5

Months,

21

Days.

Color,

White

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

All her life

Place of Death,

Give street and number.

No. 6 S. Washington St.

Cause of Death,

First (Primary),

Second (Immediate),

Whooping Cough

Diarrhoea

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Society

Date of Burial,

July 8 1877

E. P. Irons

M. D.

Medical Attendant.

Undertaker,

Wendell Dippel

Place of Business,

Bond St 151

Address

406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18956

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 7 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 14 Parish st.

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) }

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician

Place of Burial, Greenbush

Date of Burial, July 8th 1877

{ Undertaker, J. P. Chase
Place of Business, 1938 Howard St }

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18957

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th. 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eva Peco
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, Seven Years, Months, Days.
Color, Colored
Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, None
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Philadelphia
Duration of Residence in the City of Baltimore, About 6 months
Place of Death, { Give street and number. } 401 Little Etting St
Cause of Death, { First (Primary,) Cholera infantum
Second (Immediate,) "
Duration of Last Sickness, About a week
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, July 8th
Undertaker, J. W. Chase
Place of Business, 188 Howard St
Address, 262 Madison St
Eldridge C. Price, M. D., Medical Attendant.
Saw it at office twice 2 days before it died

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18958

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *July 7. 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Thomas Mahoney*
Sex, Male or ~~Female~~, { Cross out the word not required in this line. } *male*
Age, *70* Years, Months, Days.
Color, *white*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, *Carpenter*
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland*
Duration of Residence in the City of Baltimore,
Place of Death, { Give street and number. } *152 Division Street*
Cause of Death, { First (Primary,) ... Second (Immediate.) } *old age*
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, *St Peter's cemetery*
Date of Burial, *July 8th 1877*
Marbury M. D. Medical Attendant.
{ Undertaker, *J. B. Cook* }
{ Place of Business, *No 707 W. Baltimore Street* }
Address *201 W. Pringle Street*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Leticia Stannore

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, Cal

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 287 Praborry St

Cause of Death, { First (Primary,) Chal Infantum
Second (Immediate,) }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery, James A. Stearns, D.

Date of Burial, July 8th 1877

{ Undertaker, L. B. Cook

{ Place of Business, Balt St Address Commis of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Rev Stannore father [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Elizabeth Alice McNeal

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____

Years,

Months,

Six - Days.

Color, _____

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore city

Duration of Residence in the City of Baltimore,

Six Days

Place of Death, { Give street and number. }

647 Saratoga St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Enlargement of Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, _____

Date of Burial, _____

{ Undertaker,

{ Place of Business, _____

Address # 684 W Fayette St

J. J. Luthicum

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1896

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 2. Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Foundling

Duration of Residence in the City of Baltimore, House 12 hours

Place of Death, { Give street and number. } St Vincent's Infant Asylum.

Cause of Death, { First (Primary.) Cholera Infantum
Second (Immediate,) Asthenia

Duration of Last Sickness, Dying when admitted

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 10. 1877

{ Undertaker, Samuel Brown
Place of Business, 156 Division St

Marbury Brown M. D.
Medical Attendant.

Address 201 W. Middle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18962

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7, 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Years, 3 Months, Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Formaling
Duration of Residence in the City of Baltimore, 2 mos
Place of Death, { Give street and number. } St Vincent's Infant Asylum
Cause of Death, { First (Primary,) Tuberculous meningitis
Second (Immediate,) Convulsions
Duration of Last Sickness, 4 days
All the above information should be furnished by the Physician.
Place of Burial, Cathedral Cemetery
Date of Burial, July 10, 1877
{ Undertaker, Saml Bowen
Place of Business, 156 Division St.
Medical Attendant, M. D. Wm. Brewen
Address 201 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18963

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7th 1897.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lawrence Philip Roemer

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

3 Months,

11 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

since birth

Place of Death, { Give street and number. }

366 William St.

Cause of Death, { First (Primary),
Second (Immediate), }

Quarantine

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Cedar Hill cem

Date of Burial,

July 8th 1897.

{ Undertaker,

C. F. Krause.

{ Place of Business,

209 Yeavorer St.

Address

108 S. Sharp St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *18964*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John Kraft

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

3 Years,

2 Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Balt.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

100 N. Eden St

Cause of Death,

{ First (Primary),

Second (Immediate,)

Scarlet fever - Malignant
3 days -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Alfonso's Cemtr.

Date of Burial,

July 8th 1877.

{ Undertaker,

W. Hoffmann.

{ Place of Business,

63 N. Eden St.

A. J. Groff

M. D.

Medical Attendant.

Address

137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18965

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Dorr

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 64 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Basketmaker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } 159 S. Washington St.

Cause of Death, { First (Primary,) Cancer of Stomach
Second (Immediate,) }

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical St. Paul's Church

Date of Burial, July 7th 1877

{ Undertaker, H. Froehlich
Place of Business, 246 Eastern Ave }

Address 27 S. Broadway

Medical Attendant, J. J. Dorr (M.D.)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18966.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 5th 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Harry Grobaker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years,

3 Months,

10 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

150 S Fremont St

Cause of Death, { First (Primary.) Second (Immediate.) }

Scarlet Fever & Diphtheria

acute Albuminuria

Duration of Last Sickness,

5 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Church

Date of Burial,

July 9th 77

{ Undertaker,

C. H. Blizard

{ Place of Business,

211 Pen Av

Address

76 S. Pa. St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18947

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6. 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eddie Smith.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 3 Months, _____ Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, 3 Month.

Place of Death, { Give street and number. } No 73 Low St.

Cause of Death, { First (Primary), Second (Immediate), } Internal Anemia.

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balti Cem.

Date of Burial, July 8. 77

{ Undertaker, John J. Rodman

{ Place of Business, Cor. Second

and 2 Monument St.

Address 305 Madison Avenue

Baltimore

Has W. Cropper. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

10.14700

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 26 Years, Months, Days.

Color, White

Married, Single, ~~Widower~~ ~~Widow~~, { Cross out the word not required in this line. }

Occupation, Hair Dresser

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give street and number. } 160 North 4th

Cause of Death, { First (Primary.) } Phthisis Pulmonalis
{ Second (Immediate.) }

Duration of Last Sickness, 18 Months

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cemetery

Date of Burial, July 8th 1877

Undertaker, James P. Byrne

Place of Business, No 63 N Front St

Address, 43 North Calvert

Geo B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the facts can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and place of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18969*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 7th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elizabeth Gibson*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*
Age, _____ Years, _____ Months, *Sixteen* Days.
Color, *white* Sex, _____
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
Occupation, *None*
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*
Duration of Residence in the City of Baltimore, *Life*
Place of Death, { Give street and number. } *No 9 Hallin Alley*
Cause of Death, { First (Primary,) _____
Second (Immediate,) *Cholera Infantum* }
Duration of Last Sickness, *Seven days*
All the above information should be furnished by the Physician.

Place of Burial, *St Peter's Cemetery*
Date of Burial, *July 8th 1877*
{ Undertaker, *J B Cook* Address *306 N. Fayette St*
{ Place of Business, *No 704 N Baltimore Street*

Chas W. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named give names of parents. } Thomas Paul Cadogan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 5 Months, 22 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 228 Mulberry St

Cause of Death, { First (Primary,) Tubercular Meningitis. { Second (Immediate,) Convulsions

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician

Place of Burial, St Peter's cemetery

Date of Burial, July 8th 1897

Undertaker, J B Cook

Place of Business, No 704 W Baltimore street

W. L. McDowell M. D.
Medical Attendant.

Address 290 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Samuel Newman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 2 Days, 1

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Grafton W Va

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } 524 Parnish St Baltimore

Cause of Death, { First (Primary,) Gonorrhea
Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Factory Anna Annual M. D.

Date of Burial, July 9th 1877 Medical Attendant.

{ Undertaker, J B Cook Address 40761 W Baltimore

{ Place of Business, 10707 W Baltimore street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit No 821

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Westley Royal

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, one Months, Twelve Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore city Maryland

Duration of Residence in the City of Baltimore, continued

Place of Death, { Give street and number. } No 323 S. Howard St

Cause of Death, { First (Primary,) Hooping Cough & Bronchitis
Second (Immediate,) convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Gray St

Date of Burial, July 8th

{ Undertaker, Hercules Ross
Place of Business, 180 W. 9th St

L. D. Dyer M. D.
Medical Attendant.
No 146 Hill St
Address Baltimore MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *18973*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant, not named, give names of parents. }

Harriet Ann Mitchell

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

5

Months,

Days.

Color,

Brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

141 York St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Sharp. St*

Date of Burial, *Jul 9th*

{ Undertaker, *Heidrich & Sons*

{ Place of Business, *180. W. 9th*

R. M. Hays M. D.
Medical Attendant.

Address *262 Sharp St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No.

18974

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 4th 1897
Bati Barber

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, one Years,

Seven Months,

Days.

Color, Cal

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

No 4 Stockholm St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 47 Seatenhall St

Cause of Death, { First (Primary),
Second (Immediate), }

Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial,

July 8th

Undertaker,

Frederick Davis

Place of Business,

103 Lee St

Address

260 S. E. 31

City

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William Robert Hall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 18 Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 119 N. Dallas St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Intermittent Inflammation

Duration of Last Sickness,

about 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial,

July 8

{ Undertaker, William H. Dugue

{ Place of Business, 62 East St

C. D. Kleiber M. D. Medical Attendant.

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18976

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Richard Johnson

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

10

Days.

Color,

Colored

Sex,

~~Married~~, Single, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto Md

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

109 Laurel St
Wilmington Delaware

Cause of Death, { First (Primary),
Second (Immediate), }

Dysent

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Geo. S. Connermon M. D.
Medical Attendant

Date of Burial, July 9

{ Undertaker, William L. Sengul
Place of Business, 62 East St

Address 73 E Pratt St
Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Fuller

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 52, Years, Months, Days.

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Workman

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore County

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } No 259 McDermott St

Cause of Death, { First (Primary,) Spinal Meningitis
Second (Immediate,) }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Saint Cemetery

Date of Burial, July 8

{ Undertaker, William H. Linnane

{ Place of Business, 62 East St

Address Broadway

Madison St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery

Date of Burial, July 8th 1877

{ Undertaker, Hughes & Co

{ Place of Business, 530 Fayette St

Address, M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...inspector invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18979

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carrie Cecelia Cooley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 10 Months, 1 Days.

Color, W. Lite

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 167 S. Eden St.

Cause of Death, { First (Primary), Cholera Infantum
Second (Immediate), Exhaustion }

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Saint Patricks & Socy

Date of Burial, July 9th

Undertaker, Leach Bucher

Place of Business, No 224 Canton St

Address, 77 S. Broadway

S. Lawson M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *189811*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

7th July 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Louis Norris Schley

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

6

Months,

18

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

His life

Place of Death, { Give street and number. }

No 96 N Paca St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera infantum

Collapsus

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

St Olivet Cemetery

Date of Burial,

July 8th 1877

Charles A Geiger

M. D.

Medical Attendant.

{ Undertaker,

John Schaefer

{ Place of Business,

No 150 Camden

Address *No 267 Druid Hill Ave.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18981

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Maggie Sheehan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age,

Years,

9

Months,

Days.

Color,

White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

212 N. Eutaw st.

Cause of Death,

First (Primary),

Cholera Infantum

Second (Immediate),

Exhaustion

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral

Date of Burial,

July 8th 1877

Undertaker,

W. B. Griffith

Place of Business,

212 N. Eutaw st.

W. B. Griffith

M. D.

Medical Attendant.

Address

50 McCallum st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *88982*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

George Rowland Bruner

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

3

Months,

Days.

Color,

White

Sex,

Boy

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

50 S. Fulton

Duration of Residence in the City of Baltimore,

3 Months

Place of Death, { Give street and number. }

50 S. Fulton

Cause of Death, { First (Primary,) Second (Immediate.) }

Acute Cholera Infantum

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial, *Friedrichs Mt.,*

Date of Burial, *July 9th 1889*

Dr. E. Clagett

M. D.

Medical Attendant.

{ Undertaker, *John Stachur*

{ Place of Business, *No 150 Camden*

Address

18 South Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 822

[OVER.]

and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18983

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary)...
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18984*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 5 - 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Lillie Bernard*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *Fourteen* Years, *Two* Months, Days.

Color, *Dark*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Se pool - girl*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Berlin, Md*

Duration of Residence in the City of Baltimore, *Many years*

Place of Death, { Give street and number. } *No 62 Park St*

Cause of Death, { First (Primary,) *Pulmonary* Second (Immediate,) *Consumption*

Duration of Last Sickness, *About six weeks*

All the above information should be furnished by the Physician

Place of Burial, *Laurel Cemetery*

Date of Burial, *July 8th 1877*

{ Undertaker, *Wm. James Gray*

{ Place of Business, *65 N. Liberty St*

Address *87 Wm. Carey St*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18985

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

8th July 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Wm. J. Roselle

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

9 Months

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

62 Dover St

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 9 1877

H. W. Webster

M. D.

Medical Attendant.

{ Undertaker, Wm. Chase

{ Place of Business, 10198 Howard

Address 57 Bane

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. 18986

Board of Health, City of Baltimore,

Permit No. 18986

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Reddicks

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 1 Months, 14 Days.

Color, Black

~~Married~~, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 23 Vine St.

Cause of Death, { First (Primary,) Second (Immediate,) } Diphtheria Inanition

Duration of Last Sickness, Sick Since Birth.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 9, 1877

Undertaker, P. M. Chase

Place of Business, No 195 Howard

Dr. S. S. Smith, M. D.
Medical Attendant

Address 183 W. Fayette St.
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18987*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 21 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Mary Bailey

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

21

Days.

Color,

African

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

*Baltimore, Md.
Since Birth*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

24 Harmony Lane

Cause of Death, { First (Primary), ...
Second (Immediate), }

*Cholera Infantum
2 Days.*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Lawrence Cemetery*

Date of Burial, *Aug 8 1897*

R. H. Ellis

M. D.

Medical Attendant.

{ Undertaker, *J. F. McChase*

{ Place of Business, *501 1/2 Howard St.*

Address

471 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 18988

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie May.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, / Years, Months, Days.

Color, Colored.

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Westminster Md.

Duration of Residence in the City of Baltimore, 1 month,

Place of Death, { Give street and number. } No. 161 Myrtle Dr

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8 1877

{ Undertaker, Samuel H. Chase

{ Place of Business, 128 South Howard St

L. C. Horn

M. D.

Medical Attendant.

Address, 226. Mulberry St
m G Wm.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18989*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 7th. 1877*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Arthur Beckett*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *2* Years, *1* Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary). Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

C. Clawley, M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 18990

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Georganna Reichmann

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, 3 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 303 E. Monument St.

Cause of Death, { First (Primary), Second (Immediate), }

Enterocolitis

Convulsions

Duration of Last Sickness,

about 3 months

All the above information should be furnished by the Physician.

Place of Burial,

St. Paul's Episcopal Church

Date of Burial,

July 10th 1877

C. S. Kleiber M. D.
Medical Attendant.

Undertaker, J. C. Schultkus

Place of Business, E. Mount St 261

Address 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Mount Olive Cemetery

July 9th 1877

Hy W. Meers

45 N Gay St

Address

Thomas Apie

M. D.

Medical Attendant.

396 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 18992

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 18992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1897

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles H. Morris

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One Year, Six Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, One year & six months

Place of Death, { Give street and number. } 457 Williamson Alley

Cause of Death, { First (Primary,) Natural
Second (Immediate,) Bronchitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 8 1897

Undertaker, W. H. Chase

Place of Business, 1172 Howard St

G. R. Kelly M. D. Medical Attendant.

Address 25 S. Hancock St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 18993

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 7, 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Ometia*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *26* Years, Months, Days.

Color, *White.*

Married, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Clerk.*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *23 years.*

Place of Death, { Give street and number. } *9 N. High St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Spinal Meningitis,*

Duration of Last Sickness, *5 days.*

All the above information should be furnished by the Physician

Place of Burial, *New Cathedral*

Date of Burial, *July 10th 1877*

{ Undertaker, *H. W. Mears*

{ Place of Business, *45 N Gay St* Address *95 E. Baltimore St*

J. H. Hoxst, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

No. 18994

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7, 1877,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Matthias Omelia

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

5

Months,

Days.

Color,

White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Maryland,

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

9 N. High St

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum,
1 week.

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, New Cathedral

Date of Burial, July 10th 1877

Undertaker, H. W. Mears

Place of Business, 45 N. Gay St

J. M. Honck M. D.
Medical Attendant.

Address 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 15770
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Scott
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, Years, 6 Months, 26 Days.
Color, White Sex, Male
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation,
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City
Duration of Residence in the City of Baltimore, Since Birth
Place of Death, { Give street and number. } No 37 St. Ann St.
Cause of Death, { First (Primary,) Typhoid Fever
{ Second (Immediate,)
Duration of Last Sickness, 23 Days
All the above information should be furnished by the Physician.
Place of Burial, St. Peter's Cemetery J. G. Womble M. D.
Date of Burial, July 10th 1877 Medical Attendant.
{ Undertaker, John Schacher Address 205 N. Lombard
{ Place of Business, 150 Camden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 18996
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 18996

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sunday July 8th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Lewis Moore*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, *7* Years, *11* Months, *1* Days.
Color, *White* Sex, *Male*
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*
Duration of Residence in the City of Baltimore, *11 months*
Place of Death, { Give street and number. } *14 Bath St.*
Cause of Death, { First (Primary,) *Marasmus*
Second (Immediate,) *Inflammation*
Duration of Last Sickness, *Three Weeks*
All the above information should be furnished by the Physician.
Place of Burial, *New Cathedral*
Date of Burial, *July 9th 1877*
Undertaker, *Hy W. Mears*
Place of Business, *45 N Bay St*
Address *51 N Calvert St Baltimore*
M. D. _____
Medical Attendant _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *18997*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

8th July 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Adolph Glaser

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

49

Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

during Lifetime

Place of Death, { Give street and number. }

N. Walford St. 97.

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum Exhaustion 7 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cem.

Date of Burial,

July 9th 77

William Henkel

M. D.

Medical Attendant.

{ Undertaker,

Michael Francis

Address

S. Walford St. 117.

{ Place of Business,

No 280 Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *18998*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 8th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mr. Boulton*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *07* Years, Months, Days.

Color, *Col.*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *Laborer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Bat. St. George's County Md.*

Duration of Residence in the City of Baltimore, *15* Years

Place of Death, { Give street and number. } *65 - Station St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Pneumonia*

Duration of Last Sickness, *Two years and five months*

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*

Date of Burial, *July 9th 1877*

Undertaker, *W. M. Drury*

Place of Business, *East St.*

Address *114 Broadway*

G. A. Hickman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

No. 18999

Board of Health, City of Baltimore,

Permit No. 18999

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Melvin, son of J. W. and Bebel Melvin

Sex, Male or Female; { Cross out the word not required in this line. }

Age,

Years,

10

Months,

Days,

Color,

White

Sex,

Male

Married, Single, Widower or Widow; { Cross out the words not required in this line. }

single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } S. E. cor of Henrietta St. Balt° City Md.

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give street and number. } 144 Midway St Balt° Md

Cause of Death, { First (Primary) } Cholera Infantum
{ Second (Immediate) } 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery F. A. McManus M. D.
Date of Burial, July 9th Medical Attendant.

{ Undertaker, H. Brice Address 71. Frankfort St
{ Place of Business, Henrietta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. *190111*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 2nd 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Anton Gies*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *58* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Laborer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *13 yrs*

Place of Death, { Give street and number. } *121 Lemon St*

Cause of Death, { First (Primary), Second (Immediate), } *Accidental, fell from a window*

Duration of Last Sickness, *sudden*

All the above information should be furnished by the Physician.

Place of Burial, *St. Ann's Cemetery*

Date of Burial, *July 9 1877*

Undertaker, *Wm. Hammer*

Place of Business, *317 Mulberry St*

Address *229 Carey St.*

Geo. C. Gyle Coroner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Requested

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19001*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Thos. Hamill

Sex, Male or Female,

Cross out the word not required in this line.

Mr.

Age,

39

Years,

Months,

Days.

Color,

W.

Sex,

M.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Weigher

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Ireland

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

10 S. Front St.

Cause of Death,

First (Primary),

Second (Immediate),

Cholera Morbus.

Duration of Last Sickness,

7 ds.

All the above information should be furnished by the Physician.

Place of Burial,

St. Vincent's Cemetery

Date of Burial,

July 9th 1877

Undertaker,

James D. Byrne

Place of Business,

1163 N. Front St.

Address

Eastern Dispensary

A. J. Remond

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to that of the

Board of Health, City of Baltimore,

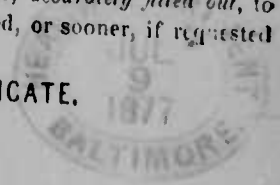
Permit No. 19002

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

8. July 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth Wall

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

10 Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

72 Orleans

Cause of Death,

{ First (Primary) Second (Immediate) }

Eclampsia & Apoplexy

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 9. 1877

Undertaker,

H. Hoffmann

Place of Business,

63 N. E. St.

Address

5, N. E. St.

C. H. H. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

.. [OVER.]

The SPECIAL ATTENTION of PHYSICIANS IS RESPECTFULLY REQUESTED

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19003,*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 8th 1877*
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Rebecca Cornish*
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, *5* Years, _____ Months, _____ Days.
Color, *Cal*

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.) Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, *Green Cemetery*

Date of Burial, *July 10th 1877*

Undertaker, *The S. S. L. Co.*

Place of Business, *Jefferson St*

Address

*Commissioner of Health
& Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

Information by, John H. Cornish [OVER.]
- his Brother

The SPECIAL ATTENTION OF PHYSICIANS IS REQUESTED

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7 1877
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Johnson
Sex, Male or Female, { Cross out the word not required in this line. }
Age, _____ Years, 10 Months, _____ Days.
Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }
Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 11 Winter St

Cause of Death, { First (Primary,) whooping cough
Second (immediate,) chol Infusion

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 9 1877

Undertaker, Hecce Bros

Place of Business, West St

Address _____
Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

Information by Annie Johnson, Mother

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19005*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Minnie L. Hunter

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *2* Years,

10 Months,

3 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt. Md.

Duration of Residence in the City of Baltimore,

Whole life

Place of Death, { Give street and number. }

75 Madison St.

Cause of Death, { First (Primary,) Second (Immediate,) }

*Membranous Croup
3 days*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cemetery

Date of Burial,

July 9 1877

Silas H. Hunter

M. D.

Medical Attendant.

{ Undertaker,

John J. Rodenway

Address

{ Place of Business,

N.E. or Greenmount Ave

111 Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *191106*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First (Primary), ... }

{ Second (Immediate), ... }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

M. D.

Medical Attendant.

Undertaker,

Place of Business,

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7. 7. 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred. Thiele

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Tavern Keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number. } 166 S. Lombard St.

Cause of Death, { First (Primary,) Cholera { Second (Immediate,) Paralysis } "Sporadic"

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 9. 1877.

{ Undertaker, Chas. Roseing

{ Place of Business, 136 E. Paych

Address 245 S. Patterson St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 119118

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 8th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Schwartz*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *10 wks* Years, _____ Months, _____ Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } *Wyeth St. near Columbia*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dropsy*

Duration of Last Sickness, *2 wks*

All the above information should be furnished by the Physician. *D. Kneass for*

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *July 9 1877* *W. J. Smith* M. D.

Medical Attendant.

{ Undertaker, *Andrew Knell*

{ Place of Business, *206 Columbia Av.* Address *131 N Charles St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19009*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Willie Watrup

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

4

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

257 W. Fay St

Cause of Death,

First (Primary),
Second (Immediate).

Cholera Infantis

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Alphonso Cemetery

Date of Burial,

July 9 1877.

Undertaker,

A. Weidenmeyer

Place of Business,

*No. 528
W. Baltimore St.*

Address

Cathedral St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19010*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Sunday July 8th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Thomas Harry*

Sex, Male or Female, { Cross out the word not required in this line. } *man*

Age, Years, Months, *Five* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balls. City,*

Duration of Residence in the City of Baltimore, *Life time.*

Place of Death, { Give street and number. } *107 Sterling St,*

Cause of Death, { First (Primary), Second (Immediate), } *Dysentery + Mal Assimilation*
convulsions.

Duration of Last Sickness, *Five Days.*

All the above information should be furnished by the Physician

Place of Burial, *Lanel Cemetery*

Date of Burial, *July 9*

Undertaker, *William C. Duque*

Place of Business, *62 East St*

Wilmer D. Dunsen M. D.
Medical Attendant.

Address *# 25 1/2 Government St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19011

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Geo H. Baer Jr

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 12 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City-

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

Wians Cove, Spring Gardens

Cause of Death, { First (Primary.)
Second (Immediate.) }

Accidentally
Drowned

Duration of Last Sickness,

Short

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery

Date of Burial, July 10th 1877

{ Undertaker, Charles F. Herald

{ Place of Business, 161 Hoanover St

Address, Hancock & Barn St,

R. C. Lee M. D.

Baron S. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katie Wagner

Sex, ~~Male~~ Female { Cross out the word not required in this line. }

Age, 1 Years, 8 Months, Days.

Color, white

Married, Single, Widow or Widower. { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } #2 Kaelmar's alley

Cause of Death, { First (Primary,) Second (Immediate,) } Teething
convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, July 10th 1877 James A. Henry M. D.

{ Undertaker, L. F. Krues

{ Place of Business, Hanover St Address Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of legitimate children.

Information by Matthias Wagner Father OVER 1

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Martha L. Johnson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 61 Years,

Months,

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto Co.

Duration of Residence in the City of Baltimore,

12 Years

Place of Death, { Give street and number. }

16 McEldery St

Cause of Death, { First (Primary.)
Second (Immediate.) }

Phthisis Pulmonalis

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial, Home Cemetery Balto Co.

of Burial, July 9th 1877 Silas H. Hunter, M. D.
Medical Attendant.

Undertaker, John Redenmayer

of Business, Cor. Monument St.

Address 111 Greenmount Ave.
Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and date of death, except in cases of births and deaths of illegitimate children.

Transit 824

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death,

First (Primary.)

Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, if the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 7 Months, Days.

Color, white Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8th 7¹¹

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Currey Brooks

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

12 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore
life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

504 Franklin St

Cause of Death, { First (Primary,) Second (Immediate,) }

Diarrhea

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 9th 1877

{ Undertaker, J. B. Cook

{ Place of Business, No 707 N Baltimore street

J. H. Currey

M. D.

Medical Attendant.

Address

76 S. Race St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 19017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucy Robinson

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, a few hours

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Place of Birth, { State or country (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 21 Wilmer alley

Cause of Death, { First (Primary.) Second (Immediate.) } Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 9 1877

Signature of Physician, James H. Stearns M. D.

Undertaker, W. H. Bishop

Place of Business, Brick Hill

Address, Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Hester Border Midwife [OVER.]

Board of Health, City of Baltimore,

Permit No. 19018,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Katie Hax

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

9 Months,

9 Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

78 S. Carey

Cause of Death,

{ First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

7 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

July 10

Undertaker,

W. C. Watkinson

Place of Business,

191 S Bond St

L. W. Mansfield

M. D.

Medical Attendant.

Address

117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19019*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

7th July 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Richard J. Fowler

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Fifteen

Months,

None

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City, Md.

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give street and number. }

329 S. Bond St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cholera Infantum.

Duration of Last Sickness,

Two weeks.

All the above information should be furnished by the Physician.

Place of Burial,

Harford County Exposed

Date of Burial,

10th July 1877

{ Undertaker,

John J. Gresh

{ Place of Business,

165 Mercantile

Address

257 S. Broadway

Nicholas L. Dushill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 825

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 191121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Hoskins Leonard

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, X Years, X Months, 21 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } X

Occupation, X

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 317 E. Balto. St. Balto. Md.

Duration of Residence in the City of Baltimore, 21 days

Place of Death, { Give street and number. } 35 Jackson Square Avenue.

Cause of Death, { First (Primary,) Enterocolitis. Second (Immediate,) Congestion of the Brain. }

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician

Place of Burial, Fallston, Harford Co

Date of Burial, July 10 " 1877 B. F. Leonard

M. D.

Medical Attendant

{ Undertaker, M. A. Raiger

{ Place of Business, 74 S. Broadway Address 317 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19021

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Cox

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, 10 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt city

Duration of Residence in the City of Baltimore, Sep

Place of Death, { Give street and number. } 12 Patterson St

Cause of Death, { First (Primary.) Second (Immediate.) } Chol Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Patricks

Date of Burial, July 9 1877 James A. Stearns, M. D.

Undertaker, M. A. Baizer

Place of Business, Broadway

Address

Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by M. A. Baizer Undertaker

Board of Health

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 191122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emille Brauss

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, 18 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, 2 days

Place of Death, { Give street and number. } On Board Ship Ohio at

Cause of Death, { First (Primary), Second (Immediate), } Hemorrhage of lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus

Date of Burial, July 9 1877

Undertaker, M. A. Bauger

Place of Business, Broadway

Address Commissioners of Health
Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19023

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Eva Schaffer

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

2

Years,

6

Months,

Days.

Color,

white

Sex,

female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

corn. Durham & Eager Sts.

Cause of Death, { First (Primary,) Second (Immediate.) }

Scarlet fever

Convulsions

3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 9 1877.

{ Undertaker, Charles Rossing

{ Place of Business, 136 E. Gay St.

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19024*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8th 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Isaac Samuel

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, *Forteen* Years,

Color,

White

Months, *—*

Days. *—*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. }

209 Canton Ave.

Cause of Death, { First (Primary.) Second (Immediate.) }

*(Traumatic) Abscess of brain
Two weeks*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Hill Cemetery

Date of Burial,

July 10th 92

Undertaker,

John E. Lee

Place of Business,

101 Gay St.

W. C. Ireland M. D.
Coroner E. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19025

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Paul P. P. P. P.

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

11

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. }

172. Myrtle Avenue

Cause of Death, { First (Primary,) Second (Immediate,) }

Indigestion with diarrhoea
Congestion of the Brain

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial, Western cem

Date of Burial,

July 9

Thos. L. L. L. M. D.

Medical Attendant.

{ Undertaker,

J. H. P. P.

{ Place of Business,

201 Pen av

Address 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19026

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Sunday July 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Anna Mary Schueden

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

82 Years,

Color,

White

Months,

Days.

Sex,

Female

Married, Single, Widower, Widow,

Cross out the words not required in this line.

Married

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Germany.

Duration of Residence in the City of Baltimore,

23 years.

Place of Death,

Give street and number.

16 deers Street

Cause of Death,

First (Primary),

Epithelial Cancer of the right leg

Second (Immediate),

Exhaustion

Duration of Last Sickness,

3 years.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 9 1877

S. W. Selover M. D.

Medical Attendant.

Undertaker,

Henry Slovic

Place of Business,

309 Central Ave

Address

29 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July the 8th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Joseph Heerstag

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

~~10 months~~

Years,

10

Months,

Days.

Married, Single, Widow or Widower,

Cross out the word is not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

No 80 Somerset St.

Cause of Death,

First (Primary.)

Second (Immediate.)

Colera Infantum

Duration of Last Sickness,

3 Weeks.

All the above information should be furnished by the Physician

Place of Burial,

St. Alphonsus

Date of Burial,

July 9 1877

Undertaker,

Henry Heeck

Place of Business,

309 N. Centre St.

Address

Commissioner of Health
H. Heeck

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information of H. Heeck Undertaker

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19028

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8. 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Patrick F. Riley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 31

Years,

Months,

Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Coal Dealer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

md

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

208 Park Ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Phthisis

Duration of Last Sickness, 16 m.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 10 1877

Undertaker, Joseph F. Byrne

Place of Business, 57 on Liberty

Address 129 W. Bal

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19029

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 9 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Annie Mary King

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

9

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

46 - Stogden St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

46 - Stogden St
Colon Infant

Cause of Death, { First (Primary,)
Second (Immediate,)

Duration of Last Sickness,

1 - week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 10th 1877

Undertaker, Andrew Lutz

Place of Business, 118 Druid Hill Ave

Address

Dr. C. J. + K. H. +

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19030

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

July 5th / 17

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Estelle Rodberg

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 87 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give street and number. }

43 E. High St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Heart Disease

Dropsy

Duration of Last Sickness,

8 months

All the above information should be furnished by the Physician.

Place of Burial,

F. P. Hehr, Rev. Cemetery

Date of Burial,

10 of July 17

{ Undertaker,

L. Herzog

{ Place of Business,

96 S. Eden St.

Address

Abraham B. Arnold M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

8th July
Celia Butler

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

254 Howard

Cause of Death, { First (Primary), Second (Immediate). }

Scarlet Fever

Albuminuria

2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Calverton Cemetery

Date of Burial,

July 8, 1897

J. W. Webster

M. D.

Medical Attendant.

Undertaker,

J. H. Chase

Place of Business,

108 Howard St

Address

5713 Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ben & Sarah Fisher
 Sex, ~~Male~~ Female, { Cross out the word not required in this line. } (Parents)
 Age, Years, Months, one hour Days.
 Color, white
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City
 Duration of Residence in the City of Baltimore, life
 Place of Death, { Give street and number. } 3 Russell St
 Cause of Death, { First (Primary.) Second (Immediate.) } Premature Birth
asthma
 Duration of Last Sickness, life
 All the above information should be furnished by the Physician.
 Place of Burial, Western Cemetery
 Date of Burial, July 9th 1877
 Undertaker, H. J. Hickner
 Place of Business, 65 S. Eutan St
 Address, Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Mrs S. Hunter [OVER.]
Midwife

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Asha E. Hennick

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 6 Years, 6 Months, Days.

Color, White, Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

52 Lee Street

Cause of Death, { First (Primary,) Second (Immediate,)

Convulsions

Duration of Last Sickness,

12 Hours

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 11th 1877

Undertaker, Roy W. Mears

Place of Business, 45 N. Bay St.

J. G. Wombth M. D.
Medical Attendant.

Address 203 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19034

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 10th 1877

{ Undertaker, Adam Weidemeyer

{ Place of Business, 518 1/2 N. Baltimore Str.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19135

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Banks

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 85 Years, Months, Days.

Color, BLK

Married, Single, Widow or Widower, { Cross out the word is not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 34 Boyd Street

Cause of Death, { First (Primary,) Second (Immediate,) } Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mt. Pul Cemetery

Date of Burial, July 8 1877 James H. Stearns M. D.

{ Undertaker, M. H. C. Perry

{ Place of Business, Pratt St Address Commission of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Capt. D. Lepson [OVER.] W. P. Station

Board of Health, City of Baltimore

Permit No. 19036

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 8*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Catherine ~~Arifell~~ Heigel*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *63* Years, *—* Months, *13* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *.*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Germany*

Duration of Residence in the City of Baltimore, *23 Years*

Place of Death, { Give street and number. } *352. Hancock*

Cause of Death, { First (Primary,) ... Second (Immediate,) } *Carcinoma of the Uterus*

Duration of Last Sickness, *2 Years*

All the above information should be furnished by the Physician

Place of Burial, *Western Cemetery*

Date of Burial, *10 July 1887*

Undertaker, *Philip J. Gill*

Place of Business, *Clondra ave 183*

Theodore Cook M. D.
Medical Attendant.

Address *146 Hancock*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 19037

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John H. Weiblan

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, Years, 1 Months, 4 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth) }

Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

284 Canton ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Chol Infantum

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician

Place of Burial, St. Matthias Ave

Date of Burial, July 20 1877

Undertaker, John E. Schell

Place of Business, Alameda St

Commissioner of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information by Conrad Weiblan [over] Father

Board of Health, City of Baltimore

Permit No. 191138

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th of July 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Kirchner

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, — Months, 11 Days.

Color, Wht

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Prussia

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 8 N. E. Chapin

Cause of Death, { First (Primary,) Cholera infantum
Second (Immediate,) Eclampsia }

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 10th 1877

{ Undertaker, Michael France Address 2280 Canton St.
Place of Business, — }

J. Halliday M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 190139

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Holzenbach

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 weeks Years, 1 Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } No 14 Browns Lane.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 14. Browns Lane

Cause of Death, { First (Primary,) Cramps and general weakness
Second (Immediate,) 2 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 9 1877

Undertaker, John P. Paulus

Place of Business, 66 Frederick Ave

Address, 199. Red. Ave

W. H. M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah Ann Bram

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, about 56 Years,

Months,

Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

42 Pierce street

Cause of Death, { First (Primary,) Second (Immediate,) }

Apoplexy

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 9th

H. Darling M. D.
Medical Attendant.

{ Undertaker, 6 Garden

{ Place of Business, No 63 Park Ave.

Address 143 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *19041*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *7th July 1877.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Stephen D. Wallstager (Senior).*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *Sixty eight* Years, Months, Days.

Color, *White.*

Married, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Confectorer.*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City, Md.*

Duration of Residence in the City of Baltimore, *Life time.*

Place of Death, { Give street and number. } *222 Alice Anna St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Malignant Erysipelas.*

Duration of Last Sickness, *Two weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *July 10th 1877.* *Nicholas L. Loshell, M. D.*
Medical Attendant.

{ Undertaker, *Henry Bender* Address *217 N. Broadway,*

{ Place of Business, *252 Canton av.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19043

OFFICE OF REGISTRAR OF VITALS
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

8th July 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Celia Hughes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

15

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

272 Ostend St.

Cause of Death, { First (Primary.)
Second (Immediate.) }

Cancer of Ovis
Debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Patrick's

Date of Burial,

July 10th

Undertaker,

Wm. J. Tucker

Place of Business,

65 S. Eutaw St.

Address

A. M. Dodge M.D.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 191143

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1899

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Apollonia Gardner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 27 Years,

Color, White Months, _____ Days, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth) } Hessendampstead Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, { Give street and number. } 171 S. Bond St.

Cause of Death, { First (Primary,) Second (Immediate,) } Valvular - or Heart disease

Duration of Last Sickness, About 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 10

Undertaker, Wendelin Dippel

Place of Business, S. Bond st. 151

James C. Drinnell M. D.
Medical Attendant.

Address 277 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosa Thomas.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 82 Years, 1 Month, — Days.

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. } None

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Harford Co., Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 70 Pine St.

Cause of Death, { First (Primary,) Second (Immediate,) } Apoplexy.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, July 10th 1877

Undertaker, J. B. Cook

Place of Business, No 707 N. Baltimore Street

Address, City

Wm. J. P. [Signature] M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 1911215

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th. 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel R. Brown

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 29 Years, 5 Months, 29 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Copper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } No. 12 Booth Street

Cause of Death, { First (Primary,) Second (Immediate,) } Gastritis

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 10th 1877

Undertaker, J B Cook

Place of Business, No 707 1/2 Baltimore Street

Address 306 N. Fayette Street

Chas W Neff M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the ~~last~~ name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19446

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1877
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Genet L. Wilson
 Sex, ~~Male~~ Female, { Cross out the word not required in this line. }
 Age, one Years, one Months, 15 Days.
 Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 5 Lambert St

Cause of Death, { First (Primary), Second (Immediate), } chol Infanluria
 Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Genet Cemetery
 Date of Burial, July 16th 1877 J. A. Stenrod M. D.

{ Undertaker Penn Ave Address Commissioner of Health
 { Place of Business, Penn Ave Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

Information by, Genet L. Jones Mother [OVER.]

Board of Health, City of Baltimore
Permit No. 191147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July - 9th - 1877

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Annie E. Douglass

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

2

Years,

2

Months,

7

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

No. 26. 1st Horn St.

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Enterocolitis
Hydrocephalus

Duration of Last Sickness,

2 Mks -

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

July 11/77

Undertaker,

Fry & Brown

Place of Business,

32 N Broadway

A. S. Ingers

M. D.

Medical Attendant.

Address 360th Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, S. Thompson Cemetery

Date of Burial, July 10th 1877

Undertaker, Leonard T. W.

Place of Business, S. Bond St. P. 277

Address

C. Edward Miller, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19049,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8th

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

name of father in *care*

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Years,

Months,

6

Days.

Color,

Black.

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Stockton ally. 12.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Stockton ally. 12

Cause of Death,

First (Primary,)
Second (Immediate,)

Imperfect closure of the valves of heart

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 10th 1877

G. E. Smith

M. D.

Medical Attendant.

Undertaker,

Wm. ~~Smith~~ *W. B. Smith*

Place of Business,

103 ~~Smith~~ *Smith*

Address *Co. Stockton & Breckin*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gertrude E. Ackner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 0 Years, 9 Months, Days.

Color, Colored Sex, Girl

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 8 Venice St.

Cause of Death, { First (Primary,) Stopping Cough
Second (Immediate,) Confusion of Brain }

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Geo. G. Brewer M. D.

Date of Burial, Jul 10th Medical Attendant.

{ Undertaker, Hercules Bros, Address 258 W Fayette St.
{ Place of Business, 180 Clark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 9th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James Diamond*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *Twenty Three* Years, _____ Months, _____ Days.

Color, *White* Sex, *Male*

Married, *Single* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *Cooper*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *Whole Life*

Place of Death, { Give street and number. } *No 143 S. Ann St.*

Cause of Death, { First (Primary,) } *Paralysis*
{ Second (Immediate,) } *Paralysis*

Duration of Last Sickness, *Six years*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *July 10th 1877*

{ Undertaker, } *Wm. B. B. Co*

{ Place of Business, } *34 N Broadway*

Address *No 29 S Broadway*

W. R. Way M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10. 7 77

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Philippi

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 44 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Tavern Keeper

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } S. E. Corner of Eastern Ave. & Front St.

Cause of Death, { First (Primary,) Dystentria
Second (Immediate,) Intermittent, Paralytic

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem.

Date of Burial, July 11

Undertaker, J. J. Gray

Place of Business, 91 Eastern Ave.

Address 245 S. Baltimore

J. L. H. M. D.
Medical Assistant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 19053

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 9 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Margaret McChesney

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

82

Years,

Months,

Days.

Color,

W

Sex,

F

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

57 Lawrence St

Cause of Death, { First (Primary.)
Second (Immediate,)

Dysentery

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial,

Bonny Brae Cemetery

Date of Burial,

July 11th 1877

Undertaker,

Charles F. Scriver

Address

189 N Howard St

Place of Business,

27 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 190524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary E. Jones

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 39 Years,

Months,

Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Dorchester Co. Md.

Duration of Residence in the City of Baltimore,

14 years.

Place of Death, { Give street and number. }

19 Hill

Cause of Death, { First (Primary), Second (Immediate), }

Phthisis Pulmonalis

Duration of Last Sickness,

6 mrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Airy

Date of Burial, July 11/77

Undertaker, Amos Denny

Place of Business, No 263 Light St

R. J. H. Yell

M. D.

Medical Attendant.

Address 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19053

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th
Full Name of Deceased, Isaac H. Stewart
Sex, Male or Female, Male
Age, 54 Years, Months, Days.
Color, White
Married, Single, Widowed or Widower, Single
Occupation, Driver
Birthplace, Md
Duration of Residence in the City of Baltimore, Life
Place of Death, 24 Hill St
Cause of Death, Cholera
Duration of Last Sickness, 5 day 8
All the above information should be furnished by the Physician.
Place of Burial, Mt Pleasant
Date of Burial, July 10 77
Undertaker, Armstrong & Denny
Place of Business, No 203 Light St
Address, 144 Lanover St
Geo. H. Benson M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19056

OFFICE OF REGISTRAR OF VITAL STATISTICS
1877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1877
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Zachariah Stricklin
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, about 37 Years, — Months, — Days.
Color, Cleared
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, Brickmason
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Calvert Co. Md.
Duration of Residence in the City of Baltimore, about 30 years
Place of Death, { Give street and number. } 33 Wayne St.
Cause of Death, { First (Primary,) ...
Second (Immediate,) } Neuralgia of the Brain
about 10 minutes
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, Laurel Cemetery
Date of Burial, July 9 1877
{ Undertaker, S. W. Chase }
{ Place of Business, No 198th Howard St. }
R. B. Lee M. D.
Medical Attendant
Address, Harrow Barn St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7th 1877

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Daniel Webster

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

about 56 Years,

Color,

Colored

Months,

Days,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Waiter

Birthplace,

{ State or country (and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

About 25 years

Place of Death,

{ Give street and number. }

333 South Howard street

Cause of Death,

{ First (Primary,) Second (Immediate,) }

Apoplexy

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician

Place of Burial,

Lawrence Cemetery

Date of Burial,

July 7th 1877

Undertaker,

Samuel E. Harg

Place of Business,

128 Howard st

Address

H. Darling

M. D.

Medical Attendant.

143 Mulberry street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7, 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Thomas

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Years,

Color, Black Months, 14 Days.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 24 Church St. Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 24 Church St.

Cause of Death, { First (Primary,) Atelctasis Pulmonum
Second (Immediate,) }

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial,

Undertaker, Samuel W. Schaeffer

Place of Business, 183 N. Fayette St. Baltimore City Md

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Anna Protocet

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Child

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

all its life

Place of Death, { Give street and number. }

133. Brown St.

Cause of Death, { First (Primary), }

Second (Immediate),

Dysentery do + Specimens about one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 10th 1877

Undertaker, Adam Weidenmeyer

Place of Business, 518 1/2 W. Baltimore St.

Address

Geo. E. Foy M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. *19060*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 3rd 1897*
Full Name of Deceased, *Christina Bless*
Sex, ~~Male~~ or Female, *Female*
Age, *10* Years, *10* Months, *10* Days.
Color, *White*

Married, Single, Widow or Widower, *Single*
Occupation, *Life*

Birthplace, *Balt. City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *227 Pierce St.*

Cause of Death, *Natural Infanture*

Duration of Last Sickness, *10*

All the above information should be furnished by the Physician

Place of Burial, *Balt. Cemetery*

Date of Burial, *July 11 1897*

Undertaker, *Pharmaceutical* M. D.

Place of Business, *Mulberry St.* Address *Comm. of Health*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information from Undertaker

[OVER.]

Board of Health
Permit No. 19061

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 9th -

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

Katie E. Boenzli

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

6

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto -

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

66. S. Carey St -

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera Infantum
Convulsions
1 week

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, July 11th

Undertaker, J. J. Lombard & Sons

Place of Business, 518 W. Baltimore

Address 279 W. Lombard

Edw. J. Nicholls M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th (Morrice Hall)
 Full Name of Deceased, { Write fully and spell correctly. If an infant not named, give names of parents. } Anne Wall
 Sex, Male ☒ Female, { Cross out the word not required in this line. }
 Age, Years, 4 Months, Days.
 Color, White, Sex,
 Married, Single, Widowed or Widower, { Cross out the words not required in this line. }
 Occupation,
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.
 Duration of Residence in the City of Baltimore, 4 months
 Place of Death, { Give street and number. } 60 North M.
 Cause of Death, { First (Primary.) Cholera Infantum
 { Second (Immediate,)
 Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery
 Date of Burial, July 10th 1877 W. G. Harrison M. D. Medical Attendant.
 Undertaker, Peter Krummholz Address Balt. Special Delivery
 Place of Business, 317 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 1911631

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 9th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Anna Miller

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

11

Months,

Days.

Color,

Black

Sex,

Male

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

From Birth

Place of Death,

Give street and number.

Lyons Alley near Monument St

Cause of Death,

First (Primary),

Cholera Infantum

Second (Immediate),

Hypocorachia

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

Shap St Cemetery

Date of Burial,

July 10 1877

Chas. L. Brandy

M. D.

Medical Attendant.

Undertaker,

John C. Gode

Place of Business,

No 63 Park St

Address

59 Calverton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 9th 1894

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Amelia Jackson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

1

Years,

Months,

Days.

Color,

Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Welcomed

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

West St

Cause of Death, { First (Primary)... Second (Immediate)... }

Cholera Infantum

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 10th 1894

{ Undertaker,

Geo. E. Davis

{ Place of Business,

103 Lee St

Address

Geo. H. Benson M. D.
Medical Attendant.

144 Harbour St
Albany

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. *19065*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 8th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Vance Murray.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *about 80* Years,

Months,

Days.

Color, *Black.*

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Sailor.

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Taylor's Island E. S. Md.

Duration of Residence in the City of Baltimore,

about 5 years

Place of Death, { Give street and number. }

*2 Palafresco Av.
Old Age.*

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

About 6 Months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 10th 1877.

{ Undertaker,

Jacob Davis

{ Place of Business,

103 Sec 21

Address

Balt. S. Dispensary.

J. H. White

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10. 1877

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Grace Mitchell

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, Years, 3 Months, 21 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, Cross out the words not required in this line. —

Occupation, —

Birthplace, State or country (and how long in the United States, if of foreign birth.) 44 Anny St—

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, Give street and number. 44 Anny St—

Cause of Death, First (Primary,) Second (Immediate,) Cholera Infantum
Six weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 10th

B. Whitney M. D.
Medical Attendant.

Undertaker, J. Tiekner

Place of Business, 65 S. Eutam St

Address 309 W. Fayette St
Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19467

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 9th. 1877.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Char. H. Wallace

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

6

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

76 Chesnut St. Balt.

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give street and number. }

137 N. E. 4th St.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Syphilis

Myelich.

2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 11 1877

Edward R. Mendenhall

M. D.

Medical Attendant.

{ Undertaker,

W. M. Dwyer

{ Place of Business,

East St.

Address

137 N E 4th St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19068

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, 10 Months, 25 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19069

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1877.
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Turrent
Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male
Age, _____ Years, 3 Months, _____ Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore, Md.
Duration of Residence in the City of Baltimore, Entire life time
Place of Death, { Give street and number. } 38 E Pratt
Cause of Death, { First (Primary,) Marasmus
Second (Immediate,)
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, Western Cemetery
Date of Burial, July 10th 1877
{ Undertaker, Mrs J Hughes
Place of Business, 60 E Baltimore } Address 1 1/2 S Euter St
D McArthur Leathwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Monday July 9th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Lewis Victor St. Clair*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, Years, *1* Months, *27* Days.

Color, *White* Sex, *Male*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *193 Hudson St - Baltimore City*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *193 Hudson St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Anemia Spinal Meningitis*

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Patrick's Church*

Date of Burial, *July 10th 1894*

Under-taker, *Rehmy, Sanborn* Address *28 O'Donnell St*

Place of Business, *25 N. Holliday Ave*

Richard M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *19071*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 9th 1877-

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Chas. Thomas Allenbaugh

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, _____ Years,

11

Months,

3

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

136 Penna. Avenue

Cause of Death, { First (Primary) Second (Immediate) }

Pertussis and Cholera Infantum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

12 July

Louis R. Knight

M. D.

Medical Attendant.

{ Undertaker,

J. H. Palmer

Address

112 N. Greene St.

{ Place of Business,

262 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 191172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 10th 1877

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

J. Waller Crouse

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Four

Years,

Two

Months,

Color,

White

Sex,

Days.

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

No. 123 Fremont St.

Duration of Residence in the City of Baltimore,

Four years

Place of Death,

Give street and number.

No. 39 Argyle av.

Cause of Death,

First (Primary),

Second (Immediate),

Diphtheria

Duration of Last Sickness,

Five

days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

July 11th 77

F. B. Gavaner M. D.

Medical Attendant.

Undertaker,

J. H. Blizzard

Place of Business,

201 Penna Ave

Address

120 W. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amelia Knott

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 27 Years, Months, Days.

Color, Black

~~Married~~ Single, ~~Widow~~ ~~Or~~ ~~Widower~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth) } Galbat Co Ind

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } 3 Seldon St

Cause of Death, { First (Primary,) Second (Immediate,) } Rheumatism Chronic

Duration of Last Sickness, one year

All the above information should be furnished by the Physician

Place of Burial, Mt. Pub Cemetery

Date of Burial, July 10 1877

Undertaker, W. H. C. Perry

Place of Business, Pratt St

Address, Commiss of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Information Joseph H. Mason nephew [OVER.]

Permit No. *19074*

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 9th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Albert Broekhaus*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *13* Years, *—* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *—*

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Europe*

Duration of Residence in the City of Baltimore, *12 years*

Place of Death, { Give street and number. } *Spring Gardens of Ahlers Whf.*

Cause of Death, { First (Primary), Second (Immediate), } *Accidentally Drowned*
Shard

Duration of Last Sickness, *—*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet Cemetery*

Date of Burial, *July 11th 1877*

{ Undertaker, *Charles L. Herold*

{ Place of Business, *161 Hanover Street*

R. C. Lee M.D.
Coram S.D.
Address *Narrow & Barr Sts*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 191175

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1877.

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. William Kämene

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 5 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } N. W. E. Cor. William & Fort sts

Cause of Death, { First (Primary)... Second (Immediate.) } Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Larose Cemetery

Date of Burial, July 11th J. E. Hamington M. D. Medical Attendant.

{ Undertaker, W. Harle

{ Place of Business, 11 Light Street Address 321 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *19076*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 9th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

George Thomas Nelson

Sex, Male or Female, { Cross out the word not required in this line. }

11

Age,

Years,

11

Months,

22

Days.

Color,

white

Married, Single, Widower or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balls Bluff

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 9 E Biddle St

Cause of Death, { First (Primary.) Second (Immediate.) }

Meningitis subarachnoid

Duration of Last Sickness,

about 15 days

All the above information should be furnished by the Physician.

Place of Burial,

Balls Bluff Cemetery

Date of Burial,

July 11th

C. S. Kline

M. D.

Medical Attendant.

Undertaker, *Ing & Bros.*

Place of Business, *52 North Broadway*

Address *222 N. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19077

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johanna (Davidge)

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } 45 St Paul st Extended

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 45 St Paul st Extended

Cause of Death, { First (Primary,) Whooping Cough
Second (Immediate,) Congestion of Brain }

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 10th 1877

{ Undertaker, Roy W Meads
Place of Business, 45 N Gay St }

C. L. Williams M. D.
Medical Attendant.

Address 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 191178

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Alexander Thomas

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 2 1/2 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

No. 11 Lehman Alley

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

No 11 Lehman Alley

Cause of Death, { First (Primary,) Asthenia
Second (Immediate,) Syncope }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 10 1877

Robert W. Mifflin M. D.
Medical Attendant.

Undertaker, W. W. Dungee

Place of Business, No 10 Leichter St

Address No 427 N. Fayette St
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Clark

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 41 Years, Months, Days.

Color, White Sex, Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Forty one years

Place of Death, { Give street and number. } 400 N. Gay St.

Cause of Death, { First (Primary,) Consumption of the Bowels
Second (Immediate,) _____

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, July 11 1877

Medical Attendant, E. C. Jordan M. D.

{ Undertaker, Fay & Brown Address 134 N. High St.
Place of Business, 574 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19080

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Seven Months, Four Days.

Color, *colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker, John A. Ketch

{ Place of Business, 39 S. Wolfe St

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 191181

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, *July 7th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Elizabeth Carr*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *7* Years, *7* Months, *7* Days.

Color, *Colored* Sex, *Female*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *64 Dallas St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cholera*

Duration of Last Sickness, *4 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurie Cemetery*

Date of Burial, *July 11th*

{ Undertaker, Place of Business, } *John H. Hook*

Address *73 E Pratt St*

Geo. S. Linnarmon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

10th July 77

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph Lucas Metzger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 0 Years, 1 Months, 1 Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

39 George St Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

39 George St

Cause of Death, { First (Primary,) Second (Immediate,) } Spasms

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

St Alphonsus

Date of Burial,

July 11

J. A. Heldmann

M. D.

Medical Attendant.

{ Undertaker,

J. A. Borgmann

{ Place of Business,

45 Clay St

Address

120 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 191184

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 10th 1877*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Blanche M. Fell.*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *White* Years, *Six (6)* Months, *Seventeen (17)* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *City of Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *439. Hamburg St*

Cause of Death, { First (Primary), } *Dentition*
 { Second (Immediate), } *Cholera Infantum*

Duration of Last Sickness, *13 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *July 11 1877* *Wm D Blake* M. D.
 Medical Attendant.

{ Undertaker, *Andrew Knell* Address *140 Scott St*
 { Place of Business, *206 Columbia Ave.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19085

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th July 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gustav Hehr

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 11 Months, 20 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), } Dextro Convulsions

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 12th 1877

Undertaker, Peter Frey

Place of Business, 91 E. Broadway

William H. H. M. D. Medical Attendant.

Address S. W. H. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 191186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Angeline Isabella Balsati

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, 6 Months, 28 Days.

Color, white Sex, female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } N. 25th Perry Street

Cause of Death, { First (Primary,) Cholera Infantis.
Second (Immediate,) Anemia of the brain

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent

Date of Burial, July 11th

{ Undertaker, E. H. Kranse

{ Place of Business, 209 Hanover St. Address 165 W. Lombard St.

Wm. Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 19087

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 10th 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Adelaide Merchant,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

64

Years,

Months,

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Maryland

Duration of Residence in the City of Baltimore,

21 years

Place of Death, { Give street and number. }

481 N Fayette St.

Cause of Death, { First (Primary),
Second (Immediate). }

Apoplexy.

Duration of Last Sickness,

Four years.

All the above information should be furnished by the Physician.

Place of Burial,

St Olives Cemetery

Date of Burial,

July 11th 1877

{ Undertaker,

J. C. Loomis & Sons

{ Place of Business,

368 N Balto St

Address

98 N Greene St.

John Pennington, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No. 1911881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10, 1911

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Percy Edward James

Sex, Male or ~~Female~~ Cross out the word not required in this line.

Age, 1 Years, 11 Months, Days.

Color, Red

Married, Single, Widow or Widower Cross out the words not required in this line.

Occupation

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, —

Place of Death, Give street and number. No 1. mason alley

Cause of Death, First (Primary,) Second (Immediate,) Phthisis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 11th

Undertaker, J. B. Jordan

Place of Business, 23 Park Ave

C. L. Daneyhine M. D.
Medical Attendant.

Address 129 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 191189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John S. Long

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, ——— Years, 11 Months, ——— Days.

Color, Red

Married, Single, Widow or Widower. { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 78 Clarksons Alley

Cause of Death, { First (Primary,) Pertussis
Second (Immediate,) Chol Infarctum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, July 11 1877

Undertaker, S. W. Chase

Place of Business, S. Howard St

Address, Commis of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children.

Information by Georgeanna Long

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. **19090**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 10th 1877

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah Elizabeth Jennings

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

7 Months,

10 Days.

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

17 Union St - Balt^o

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

29 Union St

Cause of Death, { First (Primary),
Second (Immediate). }

Cholera Infantum *bad air & bad food, defective hygienic surroundings*

Duration of Last Sickness,

1 week - *only saw it once, & know but little of the case*

All the above information should be furnished by the Physician.

Place of Burial, **new cathedral cemetery**

P. Winslow *M. D.*

Date of Burial, **July 11th 1877**

Medical Attendant.

{ Undertaker, **Chenoweth & Co**

Address

231 W Biddle St

{ Place of Business, **341 Pa ave**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]